2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90083 041 ***150.00

DOCUMENT # P95000069360

1. Entity Name
LINFENG ZHOU, P.A.

Principal Place of Business	Mailing Address
3109 STIRLING ROAD. SUITE 101 FT. LAUDERDALE FL 33312	3109 STIRLING ROAD. SUITE 101 FT. LAUDERDALE FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3107 Stirling Road	
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State
Zip: 33312 — Country: Broward	Zip — Country

4. FEI Number 65-0610554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZHOU, LINFENG 3109 STIRLING ROAD, SUITE 101 FT. LAUDERDALE FL 33312	Name: ZHOU, Linfeng Street Address (P.O. Box Number is Not Acceptable): 3107 Stirling Road, Suite 106 City: Ft. Lauderdale FL Zip Code 33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 1-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ZHOU, LINFENG STREET ADDRESS: 3109 STIRLING ROAD, SUITE 101 CITY-ST-ZIP: FT. LAUDERDALE FL 33312	☐ Delete	TITLE: D NAME: ZHOU, Linfeng STREET ADDRESS: 3107 Stirling Road suite 106 CITY-ST-ZIP: Ft. Lauderdale, FL 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 1-21-03 (954) 983-6176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)