

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90108 001 \*\*\*300.00

DOCUMENT # P950000 71612

1. Entity Name

LIU-PAN, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

236 Town Center Cir

3. Mailing Address

434 palm crest Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford FL

City & State

Lake Mary FL

4. FEI Number

59-3399590

Applied For

Not Applicable

Zip

FL 32771

Country

Seminole

Zip

FL 32746

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHIH CHIN SUN

Street Address (P.O. Box Number is Not Acceptable)

434 palm crest Ln

City

Lake Mary

FL

Zip Code

32746

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | <u>president</u>          |
| NAME           | <u>QIAN, YIHONG</u>       |
| STREET ADDRESS | <u>434 palm crest Ln</u>  |
| CITY-ST-ZIP    | <u>Lake Mary FL 32746</u> |
| TITLE          | <u>Vice president</u>     |
| NAME           | <u>SUN, CHIH CHIN</u>     |
| STREET ADDRESS | <u>434 palm crest Ln</u>  |
| CITY-ST-ZIP    | <u>Lake Mary FL 32746</u> |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
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| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-02

(407) 2345359

CR2E034B (12/01)