2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am § Secretary of State P95000090214 DOCUMENT # 1. Entity Name 05-08-2002 90162 031 ***150.00 TRANS CENTURY CO., INC. Principal Place of Business Mailing Address 777 N.W. 72ND AVENUE 777 N.W. 72ND AVENUE SUITE 2D15 SUITE 2D15 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address TERR 3412 NW 3412 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0687561 Hollywood HOLLYWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3024 Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZOU, JIANQIN Street Address (P.O. Box Number is Not Acceptable) 3412 NW 78TH TERRACE HOLLYWOOD FL 33024 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE Addition ☐ Change ZOU, JIANQIN NAME NAME 3412 NW 78TH TERR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-STaZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR