## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600004306

1. Entity Name Wang Liu Corporation



## **FILED** Jun 04, 2004 8:00 am Secretary of State

06-04-2004 90005 010 \*\*\*150.00

DO NOT WRITE	IN THIS	SPACE	54	056841
2. Principal Place of Business	3. Mailing Address	<u>調養者 24以2期が放業が顕著標準</u> 		
3820 SouthSide Alvd. Suite, Apt. #, etc.	Same			
井 /	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Jacksonville, FL	City & State		4. FELNumber 336 236 8	Applied For Not Applicat
32216 Country U.S. A	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
			Fee Required 7. Name and Address of Current Registered Agent	
		Name		red Agent
. DO NOT W	RITE	Street Address (	P.O. Box Number is Not Acceptable)	
IN THIS SE	Francis Bellevin (1) and the at 1990 and the con-	Officer Address (	F.O. Box Number is Not Acceptable)	
in iriis si	AVE			
		1 City		<u> </u>
The photo period entitle at height his			F	Zip Code
8. The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing	g its registered office or register	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept
- ~_ «		1		
SIGNATURE				
Signature, typed or printed name of registered agent  January 1 - May 1 Fee Is \$150.00	and title if applicable. (	NOTE: Registered Agent signature required	when reinstating) DATE	
After May 1, Fee is \$550,00 Amended UBR is \$61.25	The state of the s	4	9. Election Campaign Financing	\$5.00 May Be
Make Check Payable to Florida Department of	State	به	Trust Fund Contribution.	Added to Fees
10. OFFICERS AND	Shiph (math. Math. Atta	at the second of the second of		
TITLE		TITLE		office and the state
NAME 2hong S. Wang STREET ADDRESS 6157 Chambore	م نــ	NAME		<b>的复数形式 医</b>
		STREET ADDRESS		
JUX_FL 3201	<u> </u>	- CITY-ST-ZIP		
TITLE T. GW Y		mie		
STREET ADDRESS 6157 Chambore	ct	NAME AND A STATE OF THE STATE O		
Tay FL 322	1	STREET ADDRESS  CITY_ST-ZIP		
TILE : S	70	TOLE	Section Sections	
JOY W. Wang		NAME	and the second of the second of the second	William Barrier
	ect	STREET ADDRESS		
ITY-ST-ZIP 6157 chambor Jax 76 322	56	CITY-ST-ZIP	DO NOT WR	
TLE		- June de la company	and the same of th	was I was a second second
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TREET ADDRESS	•	NAME STREET MODERCE		
ITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		The state of the s
TLE	<del></del>			ti. <del>Linearia di Citalingo di Albanda di Citalia</del>
AME		NAME	A STATE OF THE STA	
		STREET ADDRESS		
		CITY-ST-ZIP		
NAME  STREET ADDRESS  DITY-SI-ZIP  12. I hereby certify that the information supplied with a indicated on this report or supplemental report is of the corporation or the receiver or trustee empc attachment with an address with all other like own	his filing does not qualify rue and accurate and tha wered to execute this rep	STREET ADDRESS CITY-ST-ZIP  for the exemption stated in Sec	tion 119.07(3)(i), Florida Statutes. I further ce ime legal effect as if made under oath; that I , Florida Statutes; and that my name appear	rtify that the in am an officer

SIGNATURE:

Toy W. Wans

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

6-2-04

(904) 646-1478

Daytime Phone #

Duc # P5400004306 54052841

Mr. Mrs. Officer

We didn't receive the (UBR) 2004.

Thank!

Joyver 6-2-04