

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

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

06-04-2004 90005 010 ***150.00

DOCUMENT # *P96000004306*

1. Entity Name

Wang Liu Corporation



DO NOT WRITE IN THIS SPACE

54056841

2. Principal Place of Business

3820 Southside Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32216

Country

U.S.A

Zip

Country

4. FEL Number

59-3362368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*P. Zhong S. Wang
6157 Chambore ct
Jax FL 32256*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*T. Guo Y. LU
6157 Chambore ct
Jax FL 32256*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*S. Joy W. Wang
6157 Chambore ct
Jax FL 32256*

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joy W. Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-04

Date

(904) 646-1478

Daytime Phone #

Attachment
Doc # P9600004306
524052841

Mr. Mrs. officer,

We didn't receive
the (U.B.R) 2004.

Thank!

Jayner
6-2-04