

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009873

1. Entity Name

HUDSON NET INTERNATIONAL CO., INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90220 007 \*\*\*150.00

0136628

Principal Place of Business  
914 HARBOR INN DRIVE  
CORAL SPRINGS FL 33071  
US

Mailing Address  
914 HARBOR INN DRIVE  
CORAL SPRINGS FL 33071  
US

00000000

2. Principal Place of Business  
914 Harbor Inn Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
914 Harbor Inn Dr.  
Suite, Apt. #, etc.

City & State  
Coral Springs

City & State  
Coral Springs

Zip  
33071

Country  
USA

Zip  
33071

Country  
USA

4. FEI Number 65-0650508

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
LIU, LINDA Y  
914 HARBOR INN DRIVE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	YU, JIANGHONG	
STREET ADDRESS	914 HARBOR INN DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YANG, CHARLES C	
STREET ADDRESS	3217 DOLPHIN DR.	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	JI, LIREN	
STREET ADDRESS	21187 ESCONDIDO WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIU, LINDA Y	
STREET ADDRESS	10530 SW 54 ST	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUN, WEI	
STREET ADDRESS	2100 W 76 ST, SUITE 406	
CITY-ST-ZIP	HALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Linda Liu LINDA LIU 4/30/01 (954)255-5299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)