

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90132 014 ***150.00

DOCUMENT # P96000016818

1. Entity Name
XARCO, INC.

Principal Place of Business

**11920 SW 8TH STREET
 MIAMI FL 33184
 US**

Mailing Address

**% MS. WINNIE NG, CPA
 1254 41ST STREET
 BROOKLYN NY 11218**



2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0659200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GONG, XIABING
 2258 NW 82ND AVE
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

11920 SW 8th Street

Miami, FL 33184

City

FL

Zip Code

33184

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

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 \$550.00

**After September 15, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**
 NAME **GONG, XIAOBING**
 STREET ADDRESS **1621 NW 79TH AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

☐ Delete

TITLE **VP**
 NAME **GONG, XIAOBING**
 STREET ADDRESS **11920 SW 8th Street**
 CITY-ST-ZIP **MIAMI, FL 33184**

☒ Change ☐ Addition

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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P96000016818

XARCO Co.
C/o 1254 41st Street
Brooklyn, NY 11218

July 14, 2002

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear UBR administrator:

Enclosed is the UBR report and our payment of \$150 filing fee. Please note that this is the first time that we receive the report and we did not receive the prior notice. I am requesting you waive the late fee. If there is any question, please contact our accountant Ms. Winnie Ng at 718-935-2590. Thank you.

President



Xiaobing Gong