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2001	UNIFORM	BUSINESS	REPORT	(UBR)

200	1 UNI	FORM BUSII	NESS REPO	RT	(UBF	R)	C	Fl	LED			;
DOCU		# P96000	0044453				Se	p 06, 2 ecreta	CUUI &	Sto	am to	•
1. Entity Nar 128 CHII	^{ne} NESE, IN	C.				·\		09-06-2001 9				;
						V						
12626 RINGV	at Place of Business Mailing Address RINGWOOD AVENUE 12626 RINGWOOD AVENUE NDO FL 32837 ORALANDO FL 32837			IJĖ		·.	10 0 210 0 1		Bijî de 20	EII BIBII BIBE		
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt	te, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRI	TE IN THIS SE	'ACE			
City & Star	te		City & State				4. FEI Number	59-3387689		A	pplied For]
Zip		Country	Zip	Count	try		5. Certificate of		\$	8.75 Ad		{
	6. Name	and Address of Current Re	gistered Agent					ddress of New F		e Require	ed	$\frac{1}{2}$
7HEING	OIAN IIIN	7			Name							
ZHEING, QIAN JUN 12626 RINGWOOD AVENUE				Street Ad	dress (P	ss (P.O. Box Number is Not Acceptable)						
ORLAND	Õ FL 32837	,					,,,,,					
				City				FL	Zip Cod	le		
8. The above	named entit	y submits this statement for th	ne purpose of changing its	registere	d office or i	registere	d agent, or both,	in the State of Fl	orida.			
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature	e required w	hen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
		ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$550.0	0	10 Flect	ion Campaign Fir	ancina	* F 0	··· -	-
	requirement a ria on back)	and elects to do so.	After September 12 Make Check Payab				U Trust	Fund Contribution		Added	0 May Be d to Fees	
11.		OFFICERS AND DIF	RECTORS	12.		٠	ADDITIONS/CI	HANGES TO OFF	ICERS AND D	RECTOR	S IN 11	1_
TITLE NAME	DP ZHENG (OIAN JUIN	☐ Delete	TITLE	1				[Change	☐ Addition	20
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NAME				_ NAME			-		L	Change	☐ Addition	
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NAME STREET ADDRESS				NAME STREE	T ADDRESS				•	•	_ "	
CITY-ST-ZIP			·	CITY-S		`						
TITLE NAME			☐ Delete	TITLE NAME					C	Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP				STREET	T ADDRESS ST-ZIP							
indicated of the cor	on this repor poration or th	e information supplied with this t or supplemental report is tru te receiver or trustee empowe ichment with an address, with	e and accurate and that m red to execute this report a	v sianatu	ire shall hav	e the sa	me legal effect a	s if made under d	oath: that I am	an officer	or director	