

DOCUMENT # P96000049772

1. Entity Name

EASTERN INTERNATIONAL (USA), INC.

Principal Place of Business

Mailing Address

19490 NW 87TH PLACE
MIAMI FL 3301519490 NW 87TH PLACE
MIAMI FL 33015

2. Principal Place of Business

6929 N.W. 82 Ave. Miami

3. Mailing Address

6929 N.W. 82 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33166

U.S.A.

FL 33166

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TONG, CHUNG-KWONG
19490 NW 87TH PLACE
MIAMI FL 33015

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 State10. 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	DP	<input type="checkbox"/> Delete
NAME	TONG, CHUNG KWONG	
STREET ADDRESS	19490 NW 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33015	

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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	LIU, FEI HONG	
STREET ADDRESS	19490 NW 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33015	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90011 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0674323

Applied For

Not Applicable

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

CR2E034 (10/00)