2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054535** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name EAST INTERNATIONAL, INC. 04-23-2000 90018 035 ***150.00 Mailing Address Principal Place of Business C/O ZHANG & PEDERSEN. P.A. 7913 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 3111 STIRLING RD. FT. LAUDERDALE FL 33312-6566 US 3. Mailing Address 2. Principal Place of Business SAMPLE RO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. LAWER OF City & State 4. FEI Number Applied For 65-0680956 LAVOERDMG Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3065 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEDERSEN, CAROLY Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FT. LAUDERDALE FL 33312 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Change DITLE ☐ Delete TITLE LIANG, HONGGUO NAME STREET ADDRESS STREET ADDRESS 7913 WEST SAMPLE ROAD CITY-ST-ZIP CITY-ST-ZIF **CORAL SPRINGS FL 33065** ☐ Change Addition TITLE ☐ Delete TITLE AN. LIN NAME NAME STREET ADDRESS 7913 WEST SAMPLE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Delete ☐ Change Addition TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR