## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9600071794 Apr 04, 2000 8:00 am Secretary of State C.A. CONTINENTALS, INC. 04-04-2000 90028 044 \*\*\*150.00 Principal Place of Business Mailing Address 2794 GRAY FOX LN 2794 GRAY FOX LN ORLANDO FL 32826-3929 ORLANDO FL 32826 U 0 2 U U 1 3. Mailing Address 14902 Yorkshire Rum Dr. 2. Principal Place of Business Yorkshire Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3387308 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired wa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WU, XIAOZHU Street Address (P.O. Box Number is Not Acceptable) 2794 GRAY FOX LN ORLANDO FL 32826 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE WU. XIAOZHU NAME NAME 14902 Yorkshire Run Dr. 2794 GRAY FOX LN STREET ADDRESS STREET ADDRESS Orlando, FL 32828 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Zhu, Liqiang 14902 Yorkshire Rum Dr. Change Addition ☐ Delete TITLE ZHU, LIOIANG NAME STREET ADDRESS 2794 GRAY FOX LN STREET ADDRESS Orlando, FL 32828 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change~ ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR