

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100992

1. Entity Name

CHINA AUTO PARTS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90091 006 ***150.00

Principal Place of Business

Mailing Address

1835 SHADYHILL TERRACE
WINTER PARK FL 32792

1835 SHADYHILL TERRACE
WINTER PARK FL 32714-5819

2. Principal Place of Business

3. Mailing Address

612 Spring Valley Rd
Suite, Apt. #, etc.

612 Spring Valley Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Altamonte Springs, FL
Zip
32714
Country
Seminole

City & State
Altamonte Springs, FL
Zip
32714
Country
Seminole

4. FEI Number 59-3418145

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XU, WEI
1835 SHADYHILL TERRACE
WINTER PARK FL 32792

Name ~~Tan, Jianguo~~ Wei Xu
Street Address (P.O. Box Number is Not Acceptable)

612 Spring Valley Road
City Altamonte Springs FL Zip Code 32714

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

president.

4/10/2000.

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, 2000 Fee will be \$550.00
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

	D	<input type="checkbox"/> Delete
NAME	XU, WEI	
STREET ADDRESS	1835 SHADYHILL TERRACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
	D	<input type="checkbox"/> Delete
NAME	TAN, JIANGUO	
STREET ADDRESS	1835 SHADYHILL TERRACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Xu, wei	
STREET ADDRESS	612 Spring Valley Rd	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tan, Jianguo	
STREET ADDRESS	612 Spring Valley Rd	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/10/00

Date

407-786-9494

Daytime Phone #

CR2E034 (9/99)