

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90415 021 \*\*\*163.75

**DOCUMENT # P97000006332**

1. Entity Name  
**SHOUGANG MIAMI, INC.**



Principal Place of Business  
**12268 SW 130TH STREET  
MIAMI FL 33186**

Mailing Address  
**12268 SW 130TH STREET  
MIAMI FL 33186**

2. Principal Place of Business  
**8229 NW 68St**

3. Mailing Address  
**8229 NW 68St**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip Country  
**33166**

Zip Country  
**33166**

4. FEI Number  
**65-0717219**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GAO, TIESHENG  
12268 SW 130 STREET  
MIAMI FL 33186**

## 7. Name and Address of New Registered Agent

Name  
**LI HONG**

Street Address (P.O. Box Number is Not Acceptable)

**8229 NW 68 St.**

City  
**MIAMI**

FL Zip Code  
**33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **GAO, TIESHENG**  
STREET ADDRESS **8225 SW 152ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **SD** ☒ Delete  
NAME **LEI, XU**  
STREET ADDRESS **8225 SW 152ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **TD** ☒ Delete  
NAME **HONG, LI**  
STREET ADDRESS **8275 SW 152 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **LI Hong**  
STREET ADDRESS **8275 SW 152 Ave 210#**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 26, 2003**

Date

Daytime Phone #

**786-845-0666**

CR2E034 (10/02)