

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90009 019 ***550.00

UBR/FL AV

DOCUMENT # P97000008337

1. Entity Name
QIANTONG INTERNATIONAL TRADE & INVESTMENT, INC.

Principal Place of Business
8304 WOODLAKE PL.
TAMPA FL 33615
US

Mailing Address
8304 WOODLAKE PL.
TAMPA FL 33615
US

2. Principal Place of Business
18017 Wynthorne Dr.
 Suite, Apt. #, etc.

3. Mailing Address
18017 Wynthorne Dr.
 Suite, Apt. #, etc.

UBR/FL 33



DO NOT WRITE IN THIS SPACE

City & State
Tampa FL
 Zip **33647** Country **US**

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Tampa FL
 Zip **33647** Country **US**

4. FEI Number **52-2015273** Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHEN, JIN
8304 WOODLAKE PL.
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name **Chen, Jin**
 Street Address (P.O. Box Number is Not Acceptable)
18017 Wynthorne Dr.
 City **Tampa** FL Zip Code **33647**

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 DATE **9/08/2001**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **DVP** ☐ Delete
 NAME **CHEN, JIN**
 STREET ADDRESS **8304 WOODLAKE PL.**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☒ Change ☐ Addition
 NAME **CHEN, JIN**
 STREET ADDRESS **18017 Wynthorne Dr**
 CITY-ST-ZIP **Tampa FL 33647**

TITLE ☐ Change ☐ Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/08/2001 (813) 881-1292**

Daytime Phone #

CR2E034 (5/01)