2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91593 033 ***150.00

DOCUMENT # P97000038390

1. Entity Name

CHLAM, INC.

Principal Place of Business	Mailing Address
1 Beach Drive #2312	P.O. Box 544
St Petersburg, FL 33701	St Petersburg, FL 33731

552235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 Beach Dr.	P.O. Box 544
Suite, Apt. #, etc. #2312	Suite, Apt. #, etc.
City & State St Petersburg FL	City & State St Petersburg FL
Zip 33701 Country U.S.A.	Zip 33731 Country U.S.A.

4. FEI Number 59-3448039 ☐ 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
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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] 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	D Xu, Ping 1 Beach Drive #2312 St. Petersburg, FL 33701	STREET ADDRESS / CITY-ST-ZIP	
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CR2E003 (11/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 4-30-01 (727) 897-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #