

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90249 044 ***150.00

DOCUMENT # P97000053241

1. Entity Name
3 C ENTERPRISE, INC.

Principal Place of Business 135 N HIGHWAY 27 CLERMONT FL 34711 US	Mailing Address 14884 FAVERSHAM CIR ORLANDO FL 32826-4106 US
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703157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>135 N. Highway 27</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Clermont, FL</i>	4. FEI Number 59-3456940	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34711</i>	Country <i>U.S.A.</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIU, XINMING 14884 FAVERSHAM CIRCLE ORLANDO FL 32826	7. Name and Address of New Registered Agent Name <i>Liu, Xinming</i> Street Address (P.O. Box Number is Not Acceptable) <i>135 N. Highway 27</i> City <i>Clermont</i> FL Zip Code <i>34711</i>
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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 *Xinming Liu, president* DATE *1-11-2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LIU, XINMING 14884 FAVERSHAM CIRCLE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Liu, Xinming</i> <i>135 N. Highway 27</i> <i>Clermont, FL 34711</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIAN, JUN 135 N HIGHWAY 27 CLERMONT FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: *1-11-2000* DAYTIME PHONE #: *(352)394-6316*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)