

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 Mailing Address
 135 N HIGHWAY 27 14884 FAVERSHAM CIR
 CLERMONT FL 34711 ORLANDO FL 32826-4106
 US US

703157



DO NOT WRITE IN THIS SPACE

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

City & State City & State 4. FEI Number Applied For
Clermont, FL **59-3456940** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34711 *U.S.A.*

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

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. **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	
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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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)