

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 034 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000053262

1. Entity Name
OWLET (U.S.) INVESTMENT COMPANY

Principal Place of Business Mailing Address
 11133 NW SECOND CT 11133 NW SECOND CT
 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-8111

2. Principal Place of Business 3. Mailing Address
152 N.E. 167th Street **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#211

City & State City & State
N. Miami Beach, Fl.

Zip Country Zip Country
33162 **Dade**

4. FEI Number Applied For
65-0795665 Not Applicable

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

6. Name and Address of Current Registered Agent
CHANG, ANTHONY
11133 NW 2ND CT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name: **Chang, Anthony**
 Street Address (P.O. Box Number is Not Acceptable): **152 N.E. 167th Street, #211**
 City: **N. Miami Beach** State: **FL** Zip Code: **33162**

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: **Anthony Chang** DATE: **4/25/00**
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)

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	D/P JIYAN, ZHANG 804 BLDG. 29 YUANLING NEW BLOCK SHENZHEN, CHINA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Director Ji-yan Zhang 804 Bldg. 29 Yuanling New Block Shenzhen, China <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIYU, ZHANG 27 DONGFU STREET CHENGDU CITY, CHINA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAO, ZHENG-X 27 XIANFU STREET LUOCHENG TOWN GUANGHAN CITY SITCHUAN CHINA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DONG, ZHANG 8459 W. MCNAB BLVD TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ZHANG, JI YAN 11133 NW 2ND CT CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: **4/25/00** DAYTIME PHONE #: **(305) 945-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/99)