2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: 4

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # **P97000062544** BAMBOO CHINA SERVICE (USA), INC. 05-10-2000 90144 040 ***150.00 Principal Place of Business Mailing Address 10283 N.W. 53RD STREET 10283 N.W. 53RD STREET SUNRISE FL 33351 SUNRISE FL 33351-8077 2. Principal Place of Business Mailing, Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For 65-0769872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAN, WARREN Street 10283 N.W. 53RD STREET SUNRISE FL 33351 Z<u>ip</u> Code City statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed of printed name of registered agent and FILE NOW!!! FEE (\$ \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change □ Addition TITLE TITLE Delete CHAN, WARREN NAME NAME STREET ADDRESS 10283 N.W. 53RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Addition ☐ Change TITLE ☐ Delete TITLE ERRY CHAN 29 N. 5 AN MARING AVE. IN GABRIEL, CA 91775 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE Change RICK CHICKING CHAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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