

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000076221**

1. Entity Name

CRYSTAL PEARL, INC.

Principal Place of Business

**147 SPOONMOUR DR
CASSELBERRY FL 32707**

Mailing Address

**147 SPOONMOUR DR
APARTMENT 228
CASSELBERRY FL 32707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3484512**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHONG, STEPHEN C. L.
605 EAST ROBINSON STREET
SUITE 510
ORLANDO FL 32801**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, KUO-FU	
STREET ADDRESS	44 SEC. 2, YUAN-CHI RD. TIEN-CHUNG, CHUAN-	
CITY-ST-ZIP	HWA TAIWAN, R.O.C.	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, LI-HUA	
STREET ADDRESS	44 SEC. 2, YUAN-CHI RD. TIEN-CHUNG, CHUAN-	
CITY-ST-ZIP	HWA TAIWAN, R.O.C.	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, HUIMING CRYSL	
STREET ADDRESS	147 SPOONHOUR DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90001 019 ***150.00



DO NOT WRITE IN THIS SPACE

0812507

CR2E034 (10/00)