2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000080744

1. Entity Name

LEGEND EXPRESS INC. USA



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90060 013 ***158.75

				COD WE THE		
Principal Place of Business 7645 APPLE TREE CIRCLE ORLANDO FL 32819		Mailing Address 7645 APPLE TREE CI ORLANDO FL 32819	7645 APPLE TREE CIRCLE			
					\$ 1882/1881 178 (ED)(7) PRO CRAVE BRIVE BRIVE BRIVE (1912	I er it ionii rinii eta ioni
2. Principal Place of B	3 Mailing Address	3. Mailing Address				
		Thuming Address			. constant tim sout south matte marte marte baret sailt antil indil eight binl fall .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	
					☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	City & State		4. FEI Number 59-3470032 Applied For Not Applicable	
Zin						
Zip ····	· Country Zip		Country			
6 No	mo and Address of O					e Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
FANG, MAIFU				Name		
7645 APPLE TREE CIRCLE			Ì	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32819						
OULTHOU I E 020	13		}			
, •				City Zip Code		
8. The above named er	ntity submits this statem	ent for the purpose of the			FL	Zip Code
the obligations of reg	istered agent.	ent for the purpose of changing	its registere	d office or registere	ed agent, or both, in the State of Florida. I am fami	liar with, and accept
SIGNATURE						
	ed or printed name of registered	agent and title if applicable /A	IOTE: Pagistared	A = - + - i = - + - + - + - + - + - + - + - + - + -		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Agent signature required v	when reinstating) DATE	
After May 1 2	/!!! FEE IS \$150.00)			9 Floation Commeine Fig.	•
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FANG, MAIFU NAME STREET ADDRESS 7645 APPLE TREE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-352-3377

CR2E034 (10/02)