

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092971.

1. Entity Name

Carnivorogen, Inc.

Principal Place of Business

Mailing Address

FILED

00 APR 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

239 East 77TH St.

3. Mailing Address

239 East 77TH St.

Suite, Apt. #, etc.

1B

City & State

NY, NY

Zip

10021

Country

USA

Suite, Apt. #, etc.

1B

City & State

NY, NY

Zip

10021

Country

USA

4. FEI Number

13-4103450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Vezen Wu

152 E. 4TH Street

Jacksonville, FL 32206

7. Name and Address of New Registered Agent

Name Pinsing Wu

Street Address (P.O. Box Number is Not Acceptable)

152 East 4TH Street

City Jacksonville

FL

Zip Code 32206

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

Pinsing Wu

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

(NOTE: Registered Agent signature required when reinstating)

4/11/2000

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, 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

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
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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	P (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vezen Wu	
STREET ADDRESS	239 East 77 TH St. #1B	
CITY-ST-ZIP	NY, NY 10021	
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00****150.00

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:

Vezen Wu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 (212) 907-6723

Date

Daytime Phone #

CR2E034 (9/99)