FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 15, 2001 8:00 am DOCUMENT # P97000093057 Secretary of State FANLING, INC. 02-15-2001 90057 046 ***150.00 Principal Place of Business Mailing Address 391 SOUTH TAMIAMI TRAIL 391 SOUTH TAMIAMI TRAIL VENICE FL 34285-2423 VENICE FL 34285-2423 D0017605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0790879 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRAN, YUEN FONG Street Address (P.O. Box Number is Not Acceptable) 391 S TAMIAMI TRAIL VENICE FL 34285 Zip Code City 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) FILE NOW!!! FEE IS \$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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) ☐ Change Addition ☐ Delete TITI E CHUENG, ANTHONY MAN NAME STREET ADDRESS STREET ADDRESS 391 S. TAMIAMI TR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34210 ☐ Addition ☐ Change ☐ Delete TITLE TITLE TRAN, YUEN FONG NAME NAME STREET ADDRESS STREET ADDRESS 5215 52ND AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAM, JESSICA YUEN NAME NAME 391 S TAMIAMITE STREET ADDRESS STREET ADDRESS 3885 WOODMERE, APT. 6 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 340 VENICE-FL 34285 ☐ Addition TITLE Delete NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS 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 changed, or on an attachment with an address, with all other like empowered.