

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000102807**

1. Entity Name

LINIGLOBE INTERNATIONAL, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90034 015 ***150.00

Principal Place of Business

Mailing Address

6635 W. COMMERCIAL BLVD #111
TAMARAC, FL 33319

2. Principal Place of Business

3. Mailing Address

6635 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 111

City & State

City & State

TAMARAC FL

Zip

Country

BROWARD

Zip

33319

Country

BROWARD

4. FEI Number

65-0801230

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

7. Name and Address of New Registered Agent

Name

ZHOU YANQING

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

6635 W. COMMERCIAL BLVD #111

City

TAMARAC

FL

Zip Code

33319

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.

YANQING ZHOU

(NOTE: Registered Agent signature required when reinstating)

March 30/2000

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **ZHOU YANQING**
STREET ADDRESS **6635 W. COMMERCIAL BLVD #111**
CITY-ST-ZIP **TAMARAC, FL 33319**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YANQING ZHOU

Date

March 30/00

Daytime Phone #

CR2E034 (9/99)