FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P97000102807 UNIGLOBE INTERNATIONAL, INC. 04-04-2001 90119 035 ***150.00 Principal Place of Business Mailing Address 6635 W COMMERCIAL BLVD 6635 W COMMERCIAL BLVD #111 #111 TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address 6655 W COMMBRUAL BLUD 6635 W COMMBRCIAL BLVD uite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ST& 113 City & State 4. FEI Number Applied For 65-0801230 TAMARAC FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ROWARD BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANDING, ZHOU Street Address (P.O., Box Number is Not Acceptable) 6635 W COMMERICAL BLVD #111 TAMARAC FL 33319 City 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete YANGRING ZHOU NAME YANDING, ZHOU NAME 6635 W COMMERCIAL BLUD #113 STREET ADDRESS STREET ADDRESS 6635 W COMMERCIAL BLVD #111 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 TAMARAC FL 33319 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete= Change --- Addition --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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.

WE OF SIGNING OFFICER OR DIRECTORY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED