FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

Feb 04, 2002 8:00 am DOCUMENT # P97000102807 **Secretary of State** 1. Entity Name 02-04-2002 90122 021 ***150 00 UNIGLOBE INTERNATIONAL, INC. Principal Place of Business Mailing Address 6635 W COMMERCIAL BLVD 6635 W COMMERCIAL BLVD **STF 113 STE 113** TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0801230 Not Applicable 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 YANDING YANDING, ZHOU Street Address (P.O. Box Number is Not Acceptable) 6635 W COMMERICAL BLVD Commercial #111 TAMARAC FL 33319 CAMARAC tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent egistered 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, 2002 Fee will be \$550.00 Trust Fund Contribution. --- (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F CR2E034 (9/01 ☐ Delete Addition NAME YANGQING, ZHOU NAME 635 w converced BLVD STREET ADDRESS 6635 W COMMERCIAL BLVD #113 STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME 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-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME 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 pusper appointmental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered

NTED NAME OF SIGNING OFFICER OR D