## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am Secretary of State P97000102807 DOCUMENT # 01-27-2003 90238 006 \*\*\*150.00 1. Entity Name UNIGLOBE INTERNATIONAL, INC. Principal Place of Business Mailing Address 6635 W COMMERCIAL BLVD 6635 W COMMERCIAL BLVD **STE 113** STF 113 TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address 6635 W 635 W. MMERCHL Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES # 100 100 City & State City & State 4. FEI Number Applied For 65-0801230 TAMARA C Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 3331 CLS A Fee Required 7. Name and Address of New Registered Agent YANDING, ZHOU Street Address (P.O. Box Number is Not Acceptable) 6635 W COMMERICAL BLVD #113 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE PD Delete TITLE ZHOU, YANDING, 6635 W. COMMERCIAL BLVD \$ 100 YANGING, ZHOU NAME NAME 6635 W COMMERCIAL BLVD #113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with a

12. 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if