2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P9700(NNY INTERNATIONAL, INC			Feb 22, 2000 8 Secretary of 02-22-2000 90059 028 *	8:00 am State
Principal Place of Business		Mailing Address			
7171 PEMBROKE ROAD PEMBROKE PINES FL 33023		7171 PEMBROKE ROAD PEMBROKE PINES FL 33023-2626		CD0235	73
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE
City & State		City & State		4. FEI Number 65-0804527	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional ee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered A	gent
3808	u, Ching Jenn 3 Arthur Street Lywood FL 33021		Street Addre	ss (P.O. Box Number is Not Acceptable)	Zip Code
Tax filing ((See crite		FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered Agent signature req [11] FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of	10. Election Campaign Financing Trust Fund Contribution	
TITLE	OFFICERS A	ND DIRECTORS C Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SHEU, CHING JENN 3808 ARTHUR STREET HOLLYWOOD FL 33021	E3 50000	NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

13. I hereby certify that the information supplied with this filling 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 Black 11 or Black 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Daytime Phone #

DII DD