

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033376

1. Entity Name

SHINING (USA), INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90046 036 ***150.00

Principal Place of Business

Mailing Address

FRANCISCAN LANE
COAST FL 32137

69 FRANCISCAN LANE
PALM COAST FL 32137-8425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE
59-3600687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LI, PEI NAN
69 FRANCISCAN LANE
PALM COAST FL 32137

Name

CHENG, XINGYAN

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

69 Franciscan Lane

City

Palm Coast,

FL

Zip Code

32137

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

程兴彦

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME LI, PEINAN
STREET ADDRESS 69 FRANCISCAN LANE
CITY-ST-ZIP PALM COAST FL 32137

☒ Delete

TITLE President
NAME cheng, Xingyan
STREET ADDRESS 69 Franciscan lane
CITY-ST-ZIP Palm coast, FL 32137

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ 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:

程兴彦 cheng, Xingyan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

(904)446-2509

Daytime Phone #

CR2E034 (9/99)

4-2-00