**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 10, 2001 8:00 am Secretary of State DOCUMENT # P98000042867 1. Entity Name 07-10-2001 90122 050 \*\*\*150.00 NEW TAMPA FOOD INDUSTRY CORPORATION Principal Place of Business Mailing Address 3417 PARK SQ., #3 3417 PARK SQ., #3 AU076401 **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3512873 Not Applicable Zip Country 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 CHEN. QUANLU Street Address (P.O. Box Number is Not Acceptable) 3417 PARK SQ., #3 **TAMPA FL 33613** 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)TITLE ☐ Delete TITLE ☐ Change Addition CHEN, QUANLU NAME STREET ADDRESS 3417 PARK SQUARE, #3 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-~ CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE 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 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.

Affachmen H D# P980000423867 A0076401

Dear Sir Madam:

please see my records — I am a honest person and I file and pay in advance every year, every time.

As I talked to Mr. Tyrone Scott, this is the first I received the UBR this year. I am wronged to get the penalty.

please renew my Corp normally. I appreciate.

Traly yours,

Quantu Choph Lew Suan L July 9, 2001