

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060873

1. Entity Name

SCOPERICH INSTRUMENTS, INCORPORATED

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90023 016 ***155.00

Principal Place of Business

Mailing Address

9318 E. COLONIAL DRIVE
A-10 TOWER SQUARE CTR.
ORLANDO FL 32817
US

9318 E. COLONIAL DRIVE
A-10 TOWER SQUARE CTR.
ORLANDO FL 32817-4100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1115 BALLY SHANNON PARKWAY

City & State

City & State

ORLANDO FL U.S.A

ORLANDO, FL U.S.A

Zip

Country

Zip

Country

32828

ORANGE

32828

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHI, JIE

9318 E. COLONIAL DRIVE, SUITE A-10
TOWER SQUARE CENTER
ORLANDO FL 32817

Name

QIAN, SHUNNING

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

1115 BALLY SHANNON PARKWAY

City

ORLANDO

FL

Zip Code

32828

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]

2/12/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SHI, JIE	
STREET ADDRESS	12172 DESCARTES COURT, STE. 2	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAN, XIAOFENG	
STREET ADDRESS	13541 BLUEWATER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V	<input type="checkbox"/> Delete
NAME	QIAN, SHUNNING	
STREET ADDRESS	1115 BALLY SHANNON PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2000

Date

407-275-2787

Daytime Phone #

CR2E034 (9/99)