

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083181

1. Entity Name

ALLCHEM INDUSTRIES BEIJING, CHINA, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90105 046 ***158.75

Principal Place of Business

6010 N.W. 1ST PLACE
GAINESVILLE FL 32607

Mailing Address

6010 N.W. 1ST PLACE
GAINESVILLE FL 32607-6018

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

59-3497894

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINER, CHARLES D
105 E ROBINSON ST, STE 501
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Alex Olcese
Street Address (P.O. Box Number is Not Acceptable)
6010 NW FIRST PL
City
GAINESVILLE FL Zip Code
32607

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.

Alex Olcese

(NOTE: Registered Agent signature required when reinstating)

3/17/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	FELDSTEIN, JOSH	6010 N.W. 1ST PLACE	GAINESVILLE FL 32607	
	VSD			
	CALAIS, JAMES	6010 N.W. 1ST PLACE	GAINESVILLE FL 32607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

352-378-9696

Daytime Phone #

CR2E034 (9/99)