

**2000 UNIFORM BUSINESS REPORT (UBR)**

2.

**DOCUMENT # P98000105244**

1. Entity Name

**GUI QIN LIN, INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90056 014 \*\*\*150.00

Principal Place of Business 5600 POINTSETTIA AVENUE, #709 WEST PALM BEACH FL 33407	Mailing Address 5600 POINTSETTIA AVENUE, #709 WEST PALM BEACH FL 33407-2649
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DO NOT WRITE IN THIS SPACE

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 <b>65-0885215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**NORWICH, GRACE**  
**5600 POINTSETTIA AVENUE, #709**  
**WEST PALM BEACH FL 33407**

**7. Name and Address of New Registered Agent**

Name **Gui Qin Lin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1833 S. U.S. 1**  
 City ~~Stuart~~ **Stuart** - **FL** Zip Code **34994**

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 *X* **Lin Gui Qin**  
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.

**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 <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Gui Qin Lin</b>	
STREET ADDRESS <b>1833 S US 1</b>	
CITY-ST-ZIP <b>Stuart FL 34994</b>	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Gui Qin Lin</b>	
STREET ADDRESS <b>1833 S. US 1</b>	
CITY-ST-ZIP <b>Stuart FL 34994</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *X* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2034 (9/99)