

4-30-201 5:32PM FROM 1221 E ROBINSON ST 4078951357

2001 UNIFORM BUSINESS REPORT (UBR)

05-24-2001 90497 028 \*\*\*150.00

DOCUMENT # P99000001108 ✓

1. Entity Name

China River, Inc.

Principal Place of Business

Mailing Address

00056823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

851 W SR 436

1221 E. Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs, FL

Orlando, FL

4. FEI Number

59-3549404

Applied For

Not Applicable

Zip 32714

Country

Zip 32801

Country

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

Fong, David  
1221 E. Robinson St.  
Orlando, FL 32801

Name

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

City

FL

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

(Not for Registered Agent Signature required when re-registering)

DATE

4/30/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

☐

FILE NOW IF FEE IS \$150.00  
FEE WILL BE \$550.00  
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 PD  
NAME Wong, Jack  
STREET ADDRESS 122 Orion Way  
CITY-STATE-ZIP Sanford, FL 32773

☐ Delete

TITLE STD  
NAME Wu, Kai Jian  
STREET ADDRESS 732 Minerva Lane  
CITY-STATE-ZIP Lake Mary, FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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)(b), 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 or changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (407) 788 6986