

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90030 015 ***150.00

DOCUMENT # P99000007140

1. Entity Name
EAST GREET WEST, INC.

Principal Place of Business 9627 TAVERNIER DRIVE BOCA RATON FL 33496	Mailing Address PMB 146 20423 STATE RD. 7 #F6 BOCA RATON FL 33498-6797
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2. Principal Place of Business 9627 Tavernier Drive Suite, Apt. #, etc. Boca Raton, FL City & State	3. Mailing Address 20423 State Rd. 7 Suite, Apt. #, etc. 76 - PBM 146 City & State Boca Raton, FL
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Zip 33496	Country USA	Zip 33498	Country USA
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6. Name and Address of Current Registered Agent

**SERLE, STEVEN ESQ.
2101 CORPORATE BLVD., N.W.
SUITE 325
BOCA RATON FL 33431**

4. FEI Number **65-0891932**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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, 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D QIAN, YINJIE 20423 STATE ROAD 7 SUITE F6-146 BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZHAO, ZHAOLIN <i>should be Xiaolin</i> 20423 STATE ROAD 7 SUITE F6-146 BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Yinjie Qian* **Yinjie Qian** **2/22/01** **561-883-8896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)