## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 11, 2001 8:00 am DOCUMENT# P9900029384 Secretary of State SUPER 8 CORPORATION 05-11-2001 90114 007 \*\*\*150.00 Principal Place of Business Mailing Address 4004 S. SEMORAN BLVD 4004 S. SEMORAN BLVD ORLANDO FL 32822 101194 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address 14KS N. SEMORAN BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 127 Applied For City & State City & State 4. FEI Number 59-3564710 HSSELBERR ) Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAN, KWOK KEUNG Street Address (P.O. Box Number is Not Acceptable) 4004 S. SEMORAN BLVD : 1/3 ORLANDO FL 32822 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-\$5.00 May Be 10.-Election Campaign Financing- - Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Change Addition □ Delete TITLE NAME ZHENG, QIANG JUN NAME STREET ADDRESS STREET ADDRESS 4004 S. SEMORAN BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Delete TITLE Change ☐ Addition TITLE NAME MAN, KWOK KEUNG NAME STREET ADDRESS STREET ADDRESS 4004 S. SEMORAN BLVD CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32822 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.