

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030921

1. Entity Name

AUSPICES CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 031 ***150.00

Principal Place of Business

1131 NE 170TH STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1131 NE 170TH STREET
NORTH MIAMI BEACH FL 33162-2633

2. Principal Place of Business

3503 Green Bay Rd, Suite 203

3. Mailing Address

3503 Green Bay Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Chicago, IL

City & State

North Chicago, IL

Zip

60064

Country

USA

Zip

60064

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number

65-0944733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Ren Jun Gu

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

1131 NE 170 Street

City

North Miami

FL

Zip Code

33162

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

Ren Jun Gu

12/15/99

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | ZHANG, CHEN | |
| STREET ADDRESS | 1131 NE 170TH STREET | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|-----------------------------|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Zhang, Chen | | |
| STREET ADDRESS | 3503 Green Bay Rd Suite 203 | | |
| CITY-ST-ZIP | North Chicago, IL 60064 | | |
| 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 | | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00

847-689-9611

CR2E034 (9/99)