## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9900035360  1. Entity Name						FILED			
ATLANTIC BLACK PEARL, INC.					00 FEB 28 PM 2: 19				
Principal Place of Business Mailing Address				<u> </u>	SECRETARY OF STATE				
18501 N.W. 11TH STREET 18501 N.W. 11TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029-36									
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2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			120100 DO NOT WRITE IN THIS SPACE TO CO.				
City & State		City & State			1 / -	El Number 910004	<u> </u>	oplied For ot Applicable	
Zip.	Country	Zip	Count	гу	5. (	Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	t Registered Agent		Name	7. N	lame and Address of New Registere	d Agent		
PEN	G WELLIT				/ <u>PO B</u>	ny Atrophos in Niet Appontable)	<del></del>		
PENG, WEI-LI T 18501 N.W. 11TH STREET				Street Address	,r.u. <b>B</b>	ox Number is Not Acceptable)		<u>`</u> _	
PEM	BROKE PINES FL 33029		}	City		F	Zíp Code	9	
	named entity submits this statement to		<u> </u>				<u> </u>		
8. The above	named entity submits this statement i	or the purpose of changing t	irz teðizrara	COMICE OF REGISTE	reu aye	ent, or boar, in the State of Fortual.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if annilication (Ni	OTE: Registered	Agent signature require	d when rei	instating) DATE			
A This corn	oration is eligible to satisfy its littangible				- A	and the second services of the second of			
Tax filing r	requirement and elects to do so.	After MAY 1, 2	2000 Fee v	vill be \$550.00		Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
11. ·	ria on back) OFFICERS AND	Make Check Pays	12.	partment of Sta		DITIONS/CHANGES TO OFFICERS A	VID DIRECTOR	S IN 11	
TITLE	D	☐ Deteta	TITLE			; •	Change		
NAME STREET ADDRESS	PENG, WEI-LI T	· ·	NAME Stree	T ADDRESS				ļ	
CITY-ST-ZIP	18501 N.W. 11TH STREET PEMBROKE PINES FL 33029			ST-ZP	· · · · · · · · · · · · · · · · · · ·	·		Addition :	
TITLE	·	Delete	TITLE				Change	Addition	
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NAME			NAME	T ADDRESS		•			
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STREET ADDRESS CITY-ST-ZIP				ST-ZIP					
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NAME STREET ADDRESS	المجالية المستعيدة المستعددية	a y <del>a san</del> an-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-		TADORESS	<del></del>	<del></del>			
CITY-ST-ZIP				ST-ZIP	_				
TITLE		☐ Oelete	TITLE				Change	☐ Addilion	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST - 21P			KE		
indicated	l on this report or supplemental record :	is true and accurate and that	i mv sinnaii	ife shall have the	Same I	19.07(3)(i), Florida Statutes. I further o egal effect as if made under oath; that	I BITT BIT CHICCE	O GUIDLION I	
of the cor	rporation or the receiver or trustee emp por an an attachment with an address,	pager aidt etupexe ot berewox	ort <u>as require</u>	ed by Chapter 60	7, Florid	da Statutes; and that my name appear	s in Block 11 or	Block 12 if	
<del>-</del>		IDE DECAN	post	•		4	1/2-	25-1	
SIGNAT	URE: SIGNATURE AND PIPED OR	PRINTED HAME OF SIGNING OFFICE	A ON DIRECTO	OR		Date 13 or	Daylime Phone #	20/_ /	
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