

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048124

1. Entity Name

ECONOMIC MARKETING SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90054 028 \*\*\*163.75

Principal Place of Business

6109 BOCA COLONY DR., #1324  
 BOCA RATON FL 33433

Mailing Address

6109 BOCA COLONY DR., #1324  
 BOCA RATON FL 33433-4336

2. Principal Place of Business

2500 North Military Trail

3. Mailing Address

2500 North Military Trail

Suite, Apt. #, etc.

#281

City & State

Boca Raton FL

Zip

33431

Country

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Jun Xu

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

2500 North Military Trail #281

City

Boca Raton

FL

Zip Code

33431

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]*

04/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	XU, JUN	
STREET ADDRESS	6109 BOCA COLONY DR., #1324	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XU JUN	
STREET ADDRESS	2500 North Military Trail #281	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00

Date

561-251-7621

Daytime Phone #

CR2E034 (9/99)