## 2001 UNIFORM BUSINESS REPCRT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Jun 01, 2001 8:00 am DOCUMENT # P99000048124 Secretary of State Entity Name 06-01-2001 90002 028 \*\*\*550.00 ECONOMIC MARKETING SERVICES, INC. Principal Place of Business Mailing Address 2500 N MILITARY TR 2500 N MILITARY TR **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 14545J Military Box 4083 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 31|--= -City & State City & State Applied For 65-0924061 Delray Beach Deer-Field Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jun XU, JUN Street Address (P.O. Box Number is Not Acceptable) 2500 N MILITARY TR #281 Hilitary Trail Suite#311 **BOCA RATON FL 33431** Delycuy Been 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. Registered Agent's gnature required when reinstating) FILE NOW !! FEE.IS\_\$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) D TITLE Change TITLE ☐ Delete XU, JUN NAME XU, JUN NAME 14545 J Military Trail #311 STREET ADDRESS STREET ADDRESS 2500 N MILITARY TR #281 Delvay Beach, FL 33484 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that ray 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

FILED