

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050607

Entity Name
DEFEN GATE INVESTMENT GROUP, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90129 007 ***150.00

Principal Place of Business SUGARVIEW CT. ORLANDO FL 32819	Mailing Address P.O. BOX 1807 OCALA FL 34478-1807
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Principal Place of Business 00 Belz Outlet Blvd. Suite, Apt. #, etc. Wood Court 505	3. Mailing Address Suite, Apt. #, etc.
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City & State t. Augustine, FL	City & State
Zip 2095	Country United States

4. FEI Number 59-3584299	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIAO, MEI-NING
7858 SUGARVIEW CT.
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name
Mei-Ning Liao
Street Address (P.O. Box Number is Not Acceptable)
7632 Southside Blvd.
Apt. #324
City
Jacksonville FL Zip Code
32256

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: Mei-Ning Liao, President X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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: Mei-Ning Liao 2.10.00 9046144788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #