

DOCUMENT # P99000051178

1. Entity Name

AMERICAN PURE ARTS LIMITED, INCORPORATED

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90055 006 ***150.00

Principal Place of Business

5003 VINELAND RD.
ORLANDO FL 32811

Mailing Address

5003 VINELAND RD.
ORLANDO FL 32811-7614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3578563

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIANG, BRIAN
 5003 VINELAND RD.
 ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

PAULINA L. ZHU

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

5003 Vineland Rd

City

ORLANDO

FL

Zip Code

32811

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1, 18, 00

If corporation is eligible to satisfy its intangible
 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p>P ZHU, PAULINA L 5003 VINELAND RD. ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>V LIN, WEI 4336 PINE BARK AVE. ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>S LI, YI TAO 4336 PINE BARK AVE. ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>T LEE, GUO Q 5003 VINELAND RD. ORLANDO FL 32811</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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I 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 in 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 on an attachment with an address, with all other like empowered.

IRE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULINA ZHU

Date

1, 18, 00

Daytime Phone #

407-351-0870

CR2E034 (9/99)