

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90008 021 ***158.75

DOCUMENT # P99000052643

1. Entity Name

CHINA 1 AT PLANT CITY, INC. ✓

Principal Place of Business 1862 JIM REDMAN ROAD PANT CITY FL 33567	Mailing Address 1862 JIM REDMAN ROAD PANT CITY FL 33587
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3577500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUI LIN, ZHENG
 1862 JIM REDMAN ROAD
 PANT CITY FL 33567

7. Name and Address of New Registered Agent

Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME HUI LIN, ZHENG STREET ADDRESS 1862 JIM REDMAN ROAD CITY-ST-ZIP PANT CITY FL 33567	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE VPD	NAME JIAO, CHEN SHAN STREET ADDRESS 1862 JIM REDMAN ROAD CITY-ST-ZIP PANT CITY FL 33567	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 of the report, or on an attachment with an addressee, with all other duly empowered.

SIGNATURE: **2/1/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR