

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90374 031 ***550.00

DOCUMENT # P99000055344

1. Entity Name
TAMPA CHINA STAR, INC.

Principal Place of Business
5211 E. FOWLER AVENUE
TAMPA TERRACE FL 33617

Mailing Address
5211 E. FOWLER AVENUE
TAMPA TERRACE FL 33617

970470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3582490**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WANG LIN, JIN
5211 E. FOWLER AVENUE
TAMPA TERRACE FL 33617

7. Name and Address of New Registered Agent

Name **JIAN DONG LIN**
 Street Address (P.O. Box Number is Not Acceptable)
5211 E. FOWLER AVE.
 City **TAMPA TERRACE, FL** Zip Code **33617**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JIAN DONG LIN**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P**
 NAME **WANG LIN, JIN** ☒ Delete
 STREET ADDRESS **5211 E FOWLER AVE**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **P**
 NAME **JIAN DONG LIN** ☐ Change ☒ Addition
 STREET ADDRESS **5211 E. FOWLER AVE.**
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 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: **JIAN DONG LIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)