## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)				FILED	
DOCUMENT # P9900062799				May 15, 2000 8:00 am Secretary of State	
BLUE WING INC.,	. •	•		02-14-2000 90188 049 ***150.00	
Principal Place of Business	Mailing Address		=		
7777 N. WICKHAM ROAD. #2 MELBOURNE FL 32940	7777 N. WICKHAM ROAD. # MELBOURNE FL 32940-7978				
2. Principal Place of Business	3. Mailing Address P.O.BDX 41125	<del></del>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State	FL ·		El Number Applied For Not Applicable	
Zip Country	Melbourne	Country		Certificate of Status Desired Status Desired Additional	
6. Name and Address of Cu	3 2 9 4 / rrent Registered Agent	<u> </u>	7. N	Fee Required	
		Name	GUO.	RUN JIN	
Guo, run jin 7777 n. Wickham Road, #2 Melbourne Fl 32940		Street Add	ess (P.O. B	ox Number is Not Acceptable) APT #294.	
TOLD APPR	ES ( 	City MI	ELBOU	IRNE FL Zip Code 32935.	
8. The above named entity submits this statem	nent for the purpose of changing its	registered office or re	gistered age	ent, or both, in the State of Florida.	
SIGNATURE Signature, typed of printed name of registers	d agent and title if applicable. (NOT	E. Registered Agent signature	едитед when ге	instaling) DATE	
		!!! FEE IS \$150.00 000 Fee will be \$550 ble to Department o		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
17. OFFICERS AND DIRECTORS		12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 [ /	
TITLE NAME 7777 N WICKHAM ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940		TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		☐ Changeution	
TITLE NAME	☐ Delete	TITLE NAME	<del>_</del> _	☐ Change wition	
STREET ADDRESS CITY-ST-ZIP		STREET AOORESS CITY~ST-ZIP			
TITLE GUO, RUN JIN - PRESIDE COOR NAME 1900 POST RD APT # 294		TITLE	PE1 1900	ZHENG WU(Secretary) Change Maddillion PUST RD APT # 294 30URNE FL 32935	
STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935		Street Address City-ST-ZIP	MELL	BOURNE FL 32935	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP		CITY-ST-ZIP		D Observe D Addition	
TITLE NAME STREET ADDRESS	□] Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
CITY-ST-ZIP	□ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	NAME STREET ADDRESS CITY-ST-ZIP			
indicated on this report or supplemental r	eport is true and accurate and that e empowered to execute this repor	my signature shall hav it as required by Chap	e the same	119 07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNATURE:	PED OR PRINTED NAME OF SIGNING OFFICE	360		3/20/00 . (321)751-3355	