**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

## Mar 19, 2001 8:00 am DOCUMENT # P9900078961 **Secretary of State** 1. Entity Name EASTERN PEARL FOODS, INC. 03-19-2001 90456 013 \*\*\*150.00 Principal Place of Business Mailing Address 2829 SUNLAKE LOOP. #203 2829 SUNLAKE LOOP. #203 LAKE MARY FL 32746 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business 213 HERON ALTAMONTE DR DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3605602 LIAMONTE LTAMONTE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUANG, ZHONG CHUAN Street Address (P.O. Box Number is Not Acceptable) 2829\_SUNLAKE LOOP, #203 LAKE-MARY-FL 32748-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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete NAME NAME HUANG, ZHONG CHUAN HERON ST. STREET ADDRESS STREET ADDRESS 2829 SUNLAKE LOOP, #203 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS, FL LAKE MARY FL 32746 TITLE VID C ☐ Delete TITLE NAME NAME AHN, PAULA HERON ST. STREET ADDRESS STREET ADDRESS 2829 SUNLAKE LOOP\_#203 CITY-ST-ZIP CITY-ST-71P LAKE MARY FL 32746 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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