

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90177 043 \*\*\*150.00

**DOCUMENT # P99000104794**

1. Entity Name  
**JST AMERICA, INC.**

Principal Place of Business <b>3800 NW 132ND STREET</b> <b>MIAMI FL 33054</b> <i>change</i>	Mailing Address <b>3800 NW 132ND STREET</b> <b>MIAMI FL 33054</b> <i>change</i>
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**C0047307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2801, NW74th Ave</b> Suite, Apt. #, etc. <b>suite 210</b> City & State <b>Miami, FL</b> Zip <b>33122</b> Country <b>USA</b>	3. Mailing Address <b>2801, NW 74th Ave</b> Suite, Apt. #, etc. <b>suite 210</b> City & State <b>Miami FL</b> Zip <b>33122</b> Country <b>USA</b>
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4. FEI Number <b>65-0980069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JIANG, HUA**  
**3901 S. OCEAN DRIVE**  
**SUITE 9-H**  
**HOLLYWOOD FL 33019**  
*Change*

**7. Name and Address of New Registered Agent**

Name <b>Jiang, Hua</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4672, NW 114 Ave, Suite 305</b>
City <b>Miami, FL 33178 USA FL</b>
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]* **HUA JIANG** : **April 10, 2001**  
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 \$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. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIANG, HUA 3901 S. OCEAN DRIVE, SUITE 9-H HOLLYWOOD FL 33019 Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUANG, CHUAN 3901 S. OCEAN DRIVE, SUITE 9-H HOLLYWOOD FL 33019 Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Delete <input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIANG, HUA 4672, NW 114 Ave suite 305 Miami, FL 33178 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUANG, CHUAN same address as above Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    Change <input type="checkbox"/> Addition <input type="checkbox"/>

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:**

*[Signature]* **HUA JIANG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)