2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P99000109701 1. Entity Name 02-08-2001 90459 033 ***163.75 RAMPO INTERNATIONAL (USA), INC. Principal Place of Business Mailing Address 1336 N. MARCY DRIVE 1336 N. MARCY DRIVE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3625748 ✓ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **≣**iii i Fee Required 量 7% 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -REN, YUQIN 1336 N MARCY DRIVE LONGWOOD FL 32750 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1) CR2E034 (10/00) TITLE TITLE Change Addition Delete ZHANG, YUCHENG NAME NAME STREET ADDRESS STREET ADDRESS 1336 N. MARCY DRIVE CITY-ST-7IP CITY-ST-ZIP LONGWOOD FL 32750 TITLE Delete TITLE Change Addition NAME REN, YUQIN NAME STREET ADDRESS STREET ADDRESS 1336 N. MARCY DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change - Addition TITLE, ☐ Delete MLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Addition ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cf7 Y-S7-ZIP CITY-\$1-219 MLE Delete TITLE Change Addition MANUE NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

FILED