2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # S05070** May 26, 2000 8:00 am Secretary of State LEE & YANG INTERNATIONAL, INC. 05-26-2000 90042 037 ***150.00 Principal Place of Business Mailing Address 2759 STATE ROAD 580 5003 VINELAND ROAD ORLANDO FL 32811-7614 STE 111 CLEARWATER FL 34621 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3032196 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ST COLL OF LEE, GUO Q Street Address (P.O. Box Number is Not Acceptable) 2759 STATE RD 580 STE 111 **CLEARWATER FL 34621** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition TITLE ☐ Delete LEE, GUO Q NAME NAME 3913 LAKE ST GEORGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-7IP VTS ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZHU, LEI NAME NAME 8012 BRIGHT CT. STREET ADDRESS STREET ADDRESS CITY-ST-7P ORLANDO FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE WEI: DING- ----NAME- --- ' 5003 VINELAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME 15 3. . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR