Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPEL MAPPINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # \$14456  1. Entity Name LI & LU CORP.					Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90003 006 ***150.00			
Principal Place of Business 2610 MAIN ST JACKSONVILLE FL 32206 US		Mailing Address 2610 MAIN ST N JACKSONVILLE FL 32206 US				11 <b>1111 1111 1111 1</b>		
2. Principal Place of Business		3. Mailing Address			I ROBINIO IDI KIDII ATRII DIBAN BIJIA DIBA	[]	<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-3036645</b>		pplied For ot Applicable	
Zip	Country	Zip .	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Register	ed Agent		
ARIAS, ROBERTO 519 NEWNAN STREET JACKSONVILLE FL 32202				Street Address (P.O. Box Number is Not Acceptable)				
·! Cit				eksur	·// F	Zip Cod	2206	
9. This corporate filing	signature, typed or printed name of registred forms and praction is eligible to satisfy its Intangible requirement and elects to do so.	nd title rapplicable. (NOTE	:: Registered Agent signature !! FEE IS \$150.00 2 Fee will be \$55	e required when r			00 May Be d to Fees	
11.	OFFICERS AND D		12.			AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV LU, LI PING 2610 MAIN STREET, N JACKSONVILLE FL	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		SOMICINA, CHANGES TO OTT ICENS A	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LU, HAO DONG 2610 MAIN ST N JACKSONVILLE FL 32206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporor on an attachment with an address we	rue and accurate and that m vered to execute this report a	ly signature shall hav	e the same	legal effect as if made under oath; tha	t I am an officer	or director	