

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90693 016 ***550.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33346

1. Entity Name

Jialing Motorcycle (America) Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10914 N.W. 33rd St.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33172-5028

Country

3. Mailing Address

10914 N.W. 33rd St.

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33172-5028

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0330190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Xu, Lin

Street Address/P.O. Box Number (if Not Acceptable)

10914 NW 33 St, Suite 100

City

Miami

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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, 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)**

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D/P/S/T	Xu, Lin	10914 NW 33 St, Suite 100	Miami, FL, 33172
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lin Xu

04/24/02

305-477-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)