

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V49374****1. Entity Name**
CHINA JADE SOUTH, INC.**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90043 003 ***150.00

Principal Place of Business
7403 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**Mailing Address**
7308 INTERNATIONAL DR
ORLANDO FL 32819
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3134514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PHAN, HUE NGUYEN**
7308 INTERNATIONAL DR
ORLANDO FL 32819**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete
NAME **PHAN, HUE NGUYEN**
STREET ADDRESS **9097 HARBOR ISLE**
CITY-ST-ZIP **WINDERMERE FL 34786****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VP** ☐ Delete
NAME **PHAN, KHAI HUE**
STREET ADDRESS **9097 HARBOR ISLE**
CITY-ST-ZIP **WINDERMERE FL 34786****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUE PHAN

Date

Daytime Phone #

CR2E034 (9/01)