2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V54324** Feb 28, 2000 8:00 am Secretary of State EVERGREEN ENVIRONMENTAL, INC. 02-28-2000 90019 008 ***150.00 Principal Place of Business Mailing Address 620 ATLANTIS ROAD 620 ATLANTIS ROAD SUITE B MELBOURNE FL 32304-2315 MELBOUNE FL 32904 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3137668 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANG, PIN-FEI Street Address (P.O. Box Number is Not Acceptable) 2606 ELM DR NE PALM BAY FL 32905 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, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE YANK, PIN F NAME NAME 2606 ELM DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE YANG, JEN W NAME NAME 2606 ELM DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Delete

ك/ره/عدرة Date (321)728-9463

☐ Change

Change

☐ Addition

Addition

Daytime Phone #

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