2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 16, 2000 8:00 am Secretary of State DOCUMENT # F9900005084 1. Entity Name TRANS-PACIFIC EURO INC. 08-16-2000 90010 022 ***550.00 Principal Place of Business Mailing Address 1908 N.W. 82 AVE. 1908 N.W. 82 AVE. MIAMI FL 33126 MIAMI EL 33126 A0072928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-4287433 Not Applicable Zip Country Żip 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 LARIA, CHERYL Street Address (P.O. Box Number is Not Acceptable) 1908 N.W. 82 AVE. MIAMI FL 33126 City Zìp Code 8. The above named entity subpose this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. TITI E ☐ Change ☐ Addition TITLE Delete DPS NAME NAME LEE, TONY F STREET ADDRESS STREET ADDRESS 150 N. HILL DRIVE, SUITE 13 CITY-ST-ZIP CITY-ST-7IP **BRISBANE CA 94500** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME WONG, BENNY STREET ADDRESS STREET ADDRESS 8933 SO. LA CIENEGA BLVD. CITY-ST-ZIP CITY-ST-ZIP INGLEWOOD CA 90301 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

Change