## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000050073 Apr 03, 2000 8:00 am Secretary of State ACME MERCHANDISE (MIAMI) CORPORATION 04-03-2000 90139 027 \*\*\*150.00 Mailing Address Principal Place of Business 1688 NW 82ND AVE 1688 NW 82ND AVE MIAMI FL 33126-1018 1316 NW 78TH AVENUE MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0513264 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAO. CHIH TE Address (P.O. Box Number is Not Acceptable) 1688 NW 82ND AVE SUITE 202 MIAMI FL 32126 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 id agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE M Change ☐ Addition ☐ Delete TITLE CHEN, JEAN 1688 N.W. 82nd AVA NAME NAME CHEN, JEAN STREET ADDRESS STREET ADDRESS 1316 NW 78TH AVENUE Miami, FL 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL M-Gereral Change ☐ Addition TITLE ☐ Delete TITLE 140, CHIH-TE NAME NAME JAO. CHIH-TE 1688 N.W. 82ml AVP STREET ADDRESS STREET ADDRESS 1316 NW 78TH AVE CiTY-ST-7/P CITY-ST-ZIP MIAM! FL M-Sales Chung, Suk Moy 1688 N.W. 821 AVP Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miani, FL 33126 ☐ Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP