2001 UNIFORM BUSINESS REPORT (UBR) Jul 12, 2001 8:00 am Secrétary of State DOCUMENT # P960000 60526 06-20-2001 90007 029 \*\*\*150 00 zing International, Inc. Principal Place of Business Mailing Address 201 N. Federal Huy 201 N. Federal Huy 76225 Swite 109 Beach, FL Suite 109 Deerfield Beach, FLASUKI 2. Principal Place of Business 3. Mailing Address 201 W. Fredera 201 N. tederal Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Surte 4. FEI Number 65-0098 479 Applied For Not Applicable \$8,75 Additional 5. Certificate of Status Desired 3344 usn Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Necela, FrankiE. 201 N. Federal Hwy Suite 109 Deenfreld Bch, FL.33441 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 \_\_\_\_ FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criter a on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE TITLE Rresident Necela, Frank Einy Suita 109 201 N. Federal Huy Suita 109 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dres / Secretary MLE Change Addition TITE S NAME NAME 201 D. Federal Hux Suite 109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Deerfield Beach, Fr. 33441 TITLE Спалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP. ☐ Addition Change Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY: ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP 13. Thereby 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 it 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 charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

FILED