FILED

Daytime Phone #

2003 FOR PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000110335 DOCUMENT # 4-07-2003 90209 011 ***150.00 1. Entity Name PICABO, INC. Principal Place of Business Mailing Address 2247 NW 20TH STREET 2247 NW 20TH STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0972470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name <u>CHIEN, SONG CHUEH YANN</u> CHUEH-YANN CHIEN, SONG Street Address (P.O. Box Number is Not Acceptable) 6361 COW PEN ROAD 6361 COW PEN ROAD, APT APT #T-212 **MIAMI FL 33014** City Zip Code MIAMI LAKES 8. The above named entity submissible statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed dame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition LIN, JONATHAN Y.C. NAME NAME 6361 COW PEN ROAD, APT #T-212 STREET ADDRESS STREET ADDRESS MIAMI FL 33014 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Addition TITLE ☐ Delete TITLE P & S **Change** CHUEH-YANN CHIEN, SONG NAME NAME CHIEN, SONG CHUEH YANN 6361 COW PEN ROAD, APT #T-212 STREET ADDRESS STREET ADDRESS 6361 COW PEN ROAD, APT #T-212 CITY-ST-ZIP MIAMI FL 33014 CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR