2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V27630** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name J & HE HONG CORP. 01-19-2000 90217 034 ***150.00 Mailing Address Principal Place of Business 1245 E. BLUE HERON 1245 E. BLUE HERON RIVIERA BEACH FL 33404-4739 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0324734 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HONG. JOOHEE Street Address (P.O. Box Number is Not Acceptable) 1245 E. BLUE HERON RIVIERA BEACH FL 33404 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE HONG, JOHEE NAME NAME 1245 E. BLUE HERON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Change ☐ Addition TITI F ☐ Delete TITLE SANTAS, HYO SOOK NAME NAME STREET ADDRESS 1245 E. BLUE HERON STREET ADDRESS CITY-ST-7IP RIVIERA BEACH FL 33404 CiTY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HONG, EULYOUNG NAME NAME STREET ADDRESS 1245 E. BLUE HERON STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete 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 his 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Occider /// / Date Daytime Phone #

☐ Change

☐ Addition

CRZE034 (9/99)