2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2002 8:00 am Secretary of State DOCUMENT # 364963 1. Entity Name 02-10-2002 90017 033 ***150.00 HONG KONG VILLAGE, INC. Principal Place of Business Mailing Address 2211 SW 92 TERR 2211 SW 92 TERR FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For _City & State___ 59-1395665 Not Applicable 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 AGON, FERMIN Street Address (P.O. Box Number is Not Acceptable) 613 N. W. 7TH STREET DANIA FL 33004 Zip Code FL 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 Signature, typed or printed name of registered 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, 2002 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME AGON, FERMIN NAME STREET ADDRESS STREET ADDRESS 613 NW 7TH ST CITY-ST-ZIP CITY-ST-2IP DANIA, FL 00000 ☐ Addition TITLE Delete TITLE Change VD NAME NAME AGON, ALFRED A STREET ADDRESS STREET ADDRESS **68 MIRACLE MILE** CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME AGON, CARLOS M STREET ADDRESS STREET ADDRESS 2211 SW 92 TERR #1803 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change Addition TITLE AS NAME CATTON, MARIA T. NAME STREET ADDRESS 2211 SW 92 TERR #1803 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ke empowered.

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