FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 490052** 1. Entity Name MAY FU TRADING CO., INC. 01-30-2001 90212 043 ***150.00 Principal Place of Business Mailing Address 4107 W. VINE STREET 4107 W. VINE STREET KISSIMMEE FL 34741-4503 KISSIMMEE FL 34741-4503 3. Mailing Address 2. Principal Place of Business 415 CELEBRATION AVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1724695 Not Applicable Country \$8.75 Additional Zip 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 COSTANZO, SARINO R Street Address (P.O. Box Number is Not Acceptable) 100 BISCAYNE BLVD NORTH **SUITE 1001 MIAMI FL 33132** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition Delete TITLE TITLE SONG.FU MEI CHUNG NAME 4107 W VINE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change [7] Addition TITLE ☐ Delete TITLE CHENG, SONG T NAME NAME STREET ADDRESS 4107 W VINE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SONG, CHIN HUO NAME STREET ADDRESS **4107 W VINE ST** STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP ☐ Change Addition Delete TITLE SONG, CHIN HUO NAME NAME 4107 W VINE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-7IE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR