CR2E034

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am DOCUMENT # F58342 **Secretary of State** 1. Entity Name 02-25-2002 90063 042 ***150.00 CYC INVESTMENTS LTD., INC. Principal Place of Business Mailing Address C/O CHARLES CHAU C/O CHARLES CHAU 34-24 88TH ST. 34-24 88TH ST. JACKSON HEIGHTS NY 11372 JACKSON HEIGHTS NY 11372 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2383177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINBERG, CHARLES L., ESQ. Street Address (P.O. Box Number is Not Acceptable) KEY CENTER SOUTH 2869 SOUTH DELANEY AVE. ORLANDO FL 32806 Zip Code City 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 10. Election Campaign Financing \$5.00 May Be Atter 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01)[] Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME HOI SANG YEUNG STREET ADDRESS STREET ADDRESS 1525 CALAIS DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CHAU, CHARLES STREET ADDRESS STREET ADDRESS 34-24 88TH ST. CITY-ST-ZIP* CITY-ST-ZIP JACKSON HEIGHTS NY TITLE TITLE Change Addition ☐ Delete NAME NAME CHAU, PO LEANG STREET ADDRESS STREET ADDRESS 34-24 88TH ST. CITY-ST-ZIP CITY-ST-ZIP Jackson Heights Ny Change ☐ Addition Delete TITLE TITLE NAME NAME **CHEE MING CHAN** STREET ADDRESS STREET ADDRESS 49 MT. DAVIS RD. CITY-ST-ZIP CITY-ST-ZIP HONG KONG TITLE ☐ Delete Addition NAME CHAN, HAK FUNG NAME STREET ADDRESS FLAT 6-A BELMONT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HONG KONG ☐ Delete ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #