2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F87940 May 13, 2000 8:00 am Secretary of State MIKE TRADING, INC. 05-13-2000 90025 016 ***158.75 Mailing Address Principal Place of Business 4261 NW 36 AVE 4261 NW 36 AVE MIAMI FL 33142-4217 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2230105 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 HUNG, LEO K Street Address (P.O. Box Number is Not Acceptable) 4261 NW 36 AVE MIAMI FL 33142 Zip Code City ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 4/27/00 <u>Staven</u> **SIGNATURE** (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 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 11. TITLE Change ☐ Addition ☐ Delete TITLE HUNG, LEO K NAME NAME STREET ADDRESS STREET ADDRESS 4261 NW 36 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE ☐ Delete TITLE CHIU-HUNG, STEVEN T NAME NAME STREET ADDRESS STREET ADDRESS 4261 NW 36 AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL -- ☐ Change - - ☐ Addition -- Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 received 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 who alreadress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALCO LOO

305-635-5000

Daytime Phone #