## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # F98000002812 1. Entity Name 02-22-2006 90018 006 \*\*\*150.00 UCL, INCORPORATED Principal Place of Business Mailing Address **2030 ROSS ST** 1348 N.W. 78TH AVE. VERNON CA 90058 MIAMI FL 33126 2. Principal Place of Business /6// N·W· \$2,nd Suite. Apt. #, etc. 3. Mailing Address 2030 Ross ST Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Çity & State 4. FEI Number Applied For City & State 95-4676042 VERNON MLAM1 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired U.S. A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHEOL KIM CHEOL, KIM Street Address (P.O. Box Number is Not Acceptable) 1348 NW 78TH AVE . MIAMI FL 33126 1611 N.W. 82 nd AVE. 33126 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE CHANG, BYUNG Y NAME STREET ADDRESS STREET ADDRESS **2030 ROSS ST** CITY+ST-ZIP VERNON CA 90058 CITY-ST-ZIP SECRETARY **X** Addition ■ Delete TITLE CHANG, BYUNG Y. NAME CHANG, MICHAEL M NAME 2030 ROSS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERNON CA 90058 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2/6/06 323) 235 - 0099
Date Destruction #