2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 25, 2002 8:00 am Secretary of State DOCUMENT # H12848 1. Entity Name 01-25-2002 90013 040 ***150.00 HONG KONG INVESTMENTS, INC. Mailing Address Principal Place of Business 9017 US 98N 9017 US 98N LAKELAND FL 33809 LAKELAND FL 33809 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2679734 Not Applicable Zip 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 CHAN, JAMES Street Address (P.O. Box Number is Not Acceptable) 9017 US 98 N LAKELAND FL 33809 Zip Code -4 City 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE TITLE IDP ☐ Delete NAME CHEN, STEPHEN NAME STREET ADDRESS 9017 US 98N STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME YUOYU, BETTY NAME STREET ADDRESS STREET ADDRESS 9017 US 98N CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 Change Addition TITLE ☐ Delete TITLE NAME CHAN, JAMES CHIT NAME STREET ADDRESS STREET ADDRESS 9017 US 98N CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

Daytime Phone #