2001 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2001 8:00 am DOCUME NT # H20343 **Secretary of State** 1. Entity Name TING FONG NAAK CORPORATION 02-13-2001 90028 038 \*\*\*150.00 Mailing Address Principal Place of B 328 NAUTILUS CT. 2224 GULF GATE DR SARASOTA FL 34231 F/O IRENE J. LOWE 41200~ FT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 59-2441513 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWE, IRENE J Street Address (P.O. Box Number is Not Acceptable) 328 NAUTILUS CT. FT MYER\$ FL 33910 Zip Code 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 \_\_\_\_\_gnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corp ation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing equirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE MAK, TING FONG NAME NAME STREET ADDRESS 2224 GULF GATE DR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRY CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change Delete TITLE \_TITLE. NAME NAME STREET ADDRESS STREET ADD'S CITY-ST-ZIP CITY-ST-ZI ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADD? CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADIS CITY-ST-ZIP CITY-ST-Z. TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADS CITY-ST-ZIP 13. In y 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 inced 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 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 cred, or on an attachment with an address, with all other like empowered.

TING FONG MAK