FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

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2. Principal Place of Business 1000 NE 172 TERR		ailing Address				
Suite, Apt. #, etc.		00 NE 172 ite, Apt. #, etc.	TERRACE		DO NOT WRITE IN THIS SP	PACE
City & State	Cit	y & State			FEI Number	
NORTH MIAMI , F		ORTH MIAM	II , FL	4.	592668721	Applied For Not Applicable
Zip Country 1	USA Zip	33162	Country USA	5.	Certificate of Status Desired	8.75 Additional
		33102		7. N	ame and Address of Current Registered A	
DO NOT WRITE IN THIS SPACE City			LEE			
			Street Ad	fress (P.O. Box Number is Not Acceptable)		
				1000 NE 172 TERRACE		
			City	NORTH MIAMI , FL Zip Code 33162		
8. The above named entity submits this	statement for the pur	pose of changing its r	registered office or r	registered ag	gent, or both, in the State of Florida.	
SIGNATURE SUC-W	CHÁK regestered agont and title if ap	~ ~ (JEN CHAN Registered Agent signature		PRESIDENT A/2) Constaining) Date	12002
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)				e is \$550.00 10. Election Campaign Financing \$5.00 May		
Tax filing requirement and elects to c	to so.	After May * Amended	ay 1 Fee is \$150. 1, Fee is \$550.00 I UBR is \$61.25 le to Department			\$5.00 May Be Added to Fees
Tax filing requirement and elects to d (See criteria on back) 11. OFF	to so.	After May Amended Make Check Payab	1, Fee is \$550.00 I UBR is \$61.25 le to Department			\$5.00 May 8e Added to Fees
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Tax filing requirement and elects to d (See criteria on back) 11. OFF IIILE P/D NAME LEE , SUE STREET ADDRESS CITY-SI-ZIP NORTH MIA	icers and director CN CHAN 72 TERRAC	After May Amended Make Check Payabl DRS	1, Fee is \$550.00 I UBR is \$61.25 le to Department TITLE NAME			\$5.00 May Be Added to Fees
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Increey 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SUEN CHAN LEE , PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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