2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # K78974** CHINA FAIR OF ENGLEWOOD, INC. 02-05-2001 90048 015 ***150.00 Principal Place of Business Mailing Address C/O JOHN CHARLES HEEKIN EGO CHINA RAIR ENGLEWOOD INC 1720 S MCCALL RD 1720 S MCCALL RD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0112897 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAN_CHO-1-CHOI. VAL MAN. Street Address (P.O. Box Number is Not Acceptable) 304 GLADSTONE BLVD ENGLEWOOD FL 34223 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete ☐ Change TITLE TITLE CHOI, WAI MAN NAME NAME 304 GLADSTNE BLVD STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE CHOI, MANCY NAME NAME 304 GLADSTONE BLVD STREET ADDRESS STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR