2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Mar 22, 2002 8:00 am secretary of State DOCUMENT # K91212 1. Entity Name J & S GOLD, INC. 03-22-2002 90060 040 ***150.00 Principal Place of Business Mailing Address 2681 CYPRESS LANE 18200 NW 27TH AVE MIAMI FL 33055 . WESTON FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 18200 Lane City & State 4. FEI Number Applied For 65-0121698 Not Applicable RHOW & 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 PARK, KIE NAM Street Address (P.O. Box Number is Not Acceptable) 2681 CYPRESS LANE FT. LAUDERDALE FL 33319 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Defete TITLE ☐ Addition ☐ Change NAME PARK, KIE NAM NAME STREET ADDRESS 2681 CYPRESS LANE STREET ADDRESS WESTON FL 33332 CITY-ST-7IP CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition PARK, SOON JOO NAME NAME STREET ADDRESS 2681 CYPRESS LANE STREET ADDRESS CITY-ST-ZIP WESTON FL 33332 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

FILED

Daytime Phone #