FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # L0000013874 1. Entity Name 01-15-2002 90044 026 ****50.00 NG USA, L.L.C. Principal Place of Business Mailing Address 12205 S.W. 131ST AVENUE 12205 S.W. 131ST AVENUE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 131st Avenue 12205 SW 131 st 12205 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1085065 Florida Miami, FLORIDA Miami Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 🚅 33186 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNG, EDWARD Street Address (P.O. Box Number is Not Acceptable) 12984 S.W. 132 AVE. MIAMI FL 33186 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE MGRM ☐ Delete TITLE Change CR2E083 (9/01) ☐ Addition HUNG, EDWARD 12205 SW131St Avenue Miami, Florida 33186 NAME HUNG, EDWARD NAME STREET ADDRESS 12984 S.W. 132 AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP MGRM MGRM TITLE ☐ Delete TITLE Change ☐ Addition HUNG EDGAR STAVENUE HUNG, EDGAR NAME NAME STREET ADDRESS 12984 S.W. 132 AVE. STREET ADDRESS CITY-ST-7IP Miami, FLorida 33186 MIAMI FL=33186 CITY-ST-ZIP **MGRM** MGKM TITLE ☐ Delete TITLE Change ☐ Addition HUNG ERASMO 12208 SW 1315+ Avenue HUNG, ERASMO NAME NAME STREET ADDRESS 12984 S.W. 132 AVE. STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33186** CITY-ST-7IP Miami, FLOrida 33186 **MGRM** MGRM TITLE ☐ Delete Change TITLE ☐ Addition HUNG, ESHER 12205, SW 131 St Avenue HUNG, ESMER NAME STREET ADDRESS 12984 S.W. 132 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Miami, Florida 33186 ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change M Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NATURE: Y SIGNATURE REQUIRED 1-09-01 (305) 25 4-8898 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destring Phone #

11. 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 indidated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.