2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31573

EIGHTY EIGHT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

566 NW 29 ST MIAMI FL 33127 566 NW 29 ST MIAMI FL 33127

FILED Feb 08, 2001 8:00 am Secretary of State

02-08-2001 90146 032 ***150.00

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2. Principal Place of Business			3. Mailing Address			F LEONALI DER KIRT FIDER BINA FEDES THE BREIT BLEIK BLEIK BLEIK BLEIK BLEIK BLEIK BLEIK BLEIK				
Country 6. Name and Address of Curre ANG, PAUL C.Y. 66 NW 29 ST IAMI FL 33127 Dive named entity submits this statement SE Signature, typed or printed name of registered age proporation is eligible to satisfy its Intangila ng requirement and elects to do so. OFFICERS AN PD YANG, PAUL 566 NW 29 ST MIAMI FL		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 65-0162967			Applied For lot Applicable	
			Cour	Country					75 Additional Required	
_		Registered Agent			7. 1	Name and Address of New Re	istered A	gent		
				Name	-					
NW 29 ST	•			Street Addres	s (P.O. E	Box Number is Not Acceptable)				
				City			FL	Zip Coo	de	
named entity	submits this statement for	the purpose of cha	inging its register	ed office or regis	tered ag	ent, or both, in the State of Flori	da.	<u> </u>		
Signature, typed or	r printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature requ	ired when re	oinstating)	DATE			
Tax filing requirement and elects to do so. After MAY 1, 2001				will be \$550.00		Election Campaign Finar Trust Fund Contribution.			00 May Be d to Fees	
	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 11	
YANG, PAU 566 NW 29		□ De	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition	
VD YANG, SUS		□ De	NAM Stre	E ET ADDRESS				☐ Change	☐ Addition	
•	. A wast in the	□ De	-	I	- 4554, 9440			☐ Change	Addition	
				I					· ·	
		□ De	NAM STRE	E ET ADDRESS	·			Change	☐ Addition	
		□ De	NAM Stre	E ET ADDRESS				☐ Change	Addition	
		□ Del	lete Title Nami Stre	E ET ADDRESS				☐ Change	☐ Addition	
	6. Name a 6. Name a 7. PAUL C.Y 8. Signature, typed o 8. ration is eligible equirement ar 9. ration is eligible equirement ar 10. page 566 NW 28 10. MIAMI FL 10. VD 10. YANG, SUS 10. 566 NW 28 10. VD 10. YANG, SUS 10. SUS	Country 6. Name and Address of Current 3. PAUL C.Y. NW 29 ST II FL 33127 II	#, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent 3. PAUL C.Y. NW 29 ST II FL 33127 II FL 33127 In	#, etc. Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name Street Address Street Address City Name Street Address City City named entity submits this statement for the purpose of changing its registered office or registered agent and bite if applicable. (NOTE: Registered Agent signature requiration is eligible to satisfy its Intangible equirement and elects to do so. Is on back) OFFICERS AND DIRECTORS PD VANG, PAUL STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Country City & State City & State City & State Country Country S. (Country Street Address of Current Registered Agent Name Street Address (P.O. E ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete	#, etc. Suite, Apt. #, etc. DO NOT WRITE DO NOT WRITE DO	#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SI	#, BIG. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country Country Country Country Country Street Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent City FL Zip Co City FL Zip Co City FL Zip Co Name and Address of New Registered Agent City FL Zip Co Name and Address of New Registered Agent City FL Zip Co Agent Address (P.O. Box Number is Not Acceptable) FL Zip Co City FL Zip Co Agent Address of New Registered Agent City FL Zip Co Name and Address of New Registered Agent City FL Zip Co Agent Address of New Registered Agent City FL Zip Co Agent Address of New Registered Agent City FL Zip Co Name and Address of New Registered Agent ONTER City FL Zip Co Name and Address of New Registered Agent PL Zip Co Name and Address of New Registered Agent Onter Registered Agent 7. Name and Address of New Reg	

I nelective 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 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR