## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 22, 2002 8:00 am 8 Secretary of State L41614 DOCUMENT # 1. Entity Name SANG RUSS INC. Principal Place of Business Mailing Address 947 WASHINGTON AVENUE 947 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0180174 Not Applicable 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 RUSSMETES, SANGKUM Street Address (P.O. Box Number is Not Acceptable) 12180 BEGONIA WAY COOPER CITY FL 33026 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIJLE ☐ Delete TITLE ☐ Addition ☐ Change NAME RUSSMETES, SANGKUM NAME 12180 BEGONIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-7IP TITLE Delete ☐ Addition TITLE ☐ Change 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 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR