FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90009 007 ***150.00

DOCUMENT # P00000051441

1. Entity Name
DQ HIALEAH, INC

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B0093367

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2. Principal Place of Business	3. Mailing Address
589W 49TH ST	589 W 49TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FIORIDA	City & State: HIALEAH, FIORIDA
Zip: 33012 Country: MIAMI-DADE	Zip: 33012 Country: MIAMI-DADE

4. FEI Number 65-1013885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LEE, KYU YOUNG

Street Address (P.O. Box Number is Not Acceptable): 5524 NW 114TH AVE APT 203

City: MIAMI **FL** Zip Code: 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, KYU YOUNG
STREET ADDRESS	5524 NW 114TH AVE APT 203
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	LEE, MYO HWAN
STREET ADDRESS	5524 NW 114TH AVE APT 203
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/26/02 (305)556-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone