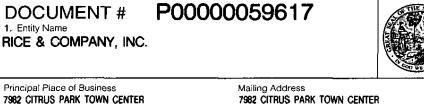
FILED Apr 24, 2003 8:00 am § Secretary of State

04-24-2003 90198 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



AMPA PL 33	1023		TAMPA FL 33023								
2. Principal I	Place of Business		3. Mailing Address					EL AUTON BIFFI			
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te		City & State			4. FE	59-364999			Applied For	
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	enterprise de l'estre de l'estre	ಬ್ ೯೯೯೯ ಕಥಾವಾರಿಕೆ ಮೇ ಅರಾ		Name							
CHANG, KAN											
	AKEVIEW DRIVE	=		Street Address (I			Number is Not Acceptable)				
TAMPA FI		_									
				City				Zip Cod			
8. The above the obliga	e named entity su tions of registered	bmits this statement f d agent.	or the purpose of changi	ng its registere	ed office or regist	tered agen	t, or both, in the State of Florida	. I am fam	niliar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		 ,							——		
-	EE IS \$150.00			9. Election Campaign Finance	ina	\$5.6	00 May Be				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribution.			ed to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDI	TIONS/CHANGES TO OFFICER	RS AND D	IRECTOF	₹S IN 11	
TITLE	D	•	☐ Delete	TITLE					Change	Addition	
NAME	CHANG, KAN			NAMI	E						
STREET ADDRESS	3421 N LAKE			STRE	ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33	618		CITY	-ST-ZIP						
TITLE	D		☐ Delete	TITLE		-			Change	Addition	
NAME	WU, YOLANDA	A		NAMI	E					1	
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NAME			Boloto	NAME	l			_			
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition