FILED

## 2001 UNIFORM BUSINESS REPORT. (UBR)

SIGNATURE:

## Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P0000074758 1. Entity Name ROCANI U.S.A. INC. 02-03-2001 90034 001 \*\*\*150.00 Principal Place of Business Mailing Address 3694 23RD AVE. SOUTH, STE. ONE 3694 23RD AVE. SOUTH, STE. ONE LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address 68 Lake Arbor Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Lake Worth Fla, 8 65-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33461 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIM, JAE Y Street Address (P.O. Box Number is Not Acceptable) 68 LAKE ARBOR DR. LAKE WORTH FL 33461 City Zip Code FI 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. CR2E024 (10/00) ☐ Change TITLE ☐ Delete TITLE KIM, JAE Y NAME NAME Charles 4293 willow Brook CIF STREET ADDRESS STREET ADDRESS 68 LAKE ARBOR DR. CITY-ST-ZIP CITY-ST-ZIP west palm Beach, Fl LAKE WORTH FL 33461 ☐ Change Addition ☐ Delete TITLE TITLE Chong Lee Dal 4293 Willaw Brook Cir YUN, SONG H NAME NAME STREET ADDRESS STREET ADDRESS 68 LAKE ARBOR DR. CITY - ST- ZIP CITY-ST-ZIP LAKE WORTH FL 33461 west palm Beach, F-33417 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Láke CITY-ST-7IP CITY-ST-ZIP ake Worth Addition ☐ Change TITLE ☐ Delete TITLE Song NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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.