2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am g Secretary of State P00000077332 DOCUMENT # 1. Entity Name 05-12-2002 90622 031 ***150 00 TAN 2 INC. Principal Place of Business Mailing Address 2211 SW 31 AVENU 2211 SW 31 AVENU PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 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 65-1034962 Not Applicable Zij Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent FLAMM, BRUCE C.P.A. Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADELAND BLVD. SUITE 110 **MIAMI FL 33156** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME TAN, STEFANUS R NAME 5379 S W 38TH AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-7/P CITY-ST-ZIP TITLE TD Delete TITI F ☐ Change Addition TAN, CHRISTINA J NAME NAME STREET ADDRESS 424 POINCIANA DR STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 32003 CITY~ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

JOYCE Tan Treasurer

954-986-9869

FILED