2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2001 8:00 am DOCUMENT # P0000084890 Secretary of State DEANO CLUB MEN CLOTHING COMPANY 05-05-2001 91105 009 ***150.00 Principal Place of Business Mailing Address 8978 HERITAGE BAY CIRCLE 8978 HERITAGE BAY CIRCLE 348842 ORLANDO FL 32836 ORLANDO FL 32836 3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. SAME AS ABOVE DO NOT WRITE IN THIS SPACE 4. Fel Number Sprikd for City & State Applied For City & State Not Applicable Zip Country 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 Name YU, DAN BANG Street Address (P.O. Box Number is Not Acceptable) 8978 HERITAGE BAY CIRCLE ORLANDO FL 32836 Zip Code City 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, 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Chance TITLE SD ☐ Delete TITLE NAME NAME YU, DAN BANG STREET ADDRESS STREET ADDRESS 8978 HERITAGE BAY CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Change ☐ Addition ☐ Deiete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 30113 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIF Addition ☐ Delete TITLE Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP ☐ Change ☐ Addition Delete TULE 10112 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.