FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State P00000106931 DOCUMENT # 1. Entity Name 01-23-2002 90104 034 ***150.00 BOON & CHIN, INC. Principal Place of Business Mailing Address 3500 NW 21ST STREET 3500 NW 21ST STREET COCONUT CREEK FL 33066 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65-10838APPLIED FOR City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YODVILA, WERACHAI Street Address (P.O. Box Number is Not Acceptable) 3500 NW 21ST STREET **COCONUT CREEK FL 33066** Zip Code City FL 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP CR2E034 (9/01 Addition TITLE ☐ Delete TITLE Change yodvila, werachai NAME NAME 3500 NW 21ST STREET STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-ZIP CITY-ST-ZIP TITLE DVS Detete TITLE Change Addition NAME YODVILA, WERA NAME STREET ADDRESS 3500 NW 21ST STREET STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change DVT TITLE TITLE. YOSVILAI, SEAKSAN NAME NAME STREET ADDRESS 3500 NW 21ST STREET STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-ZIP CITY-ST-7IP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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.

SIGNATURE:

1-11-02 954