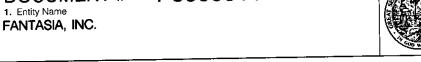
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P00000111490





## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90825 003 \*\*\*150.00

Principal Place of Business 1940 NE 194TH ST N MIAMI BEACH FL 33179		Mailing Address 1940 NE 194TH ST N MIAMI BEACH FL 33179				
2. Principal Place of Business		3. Mailing Address		- I JARNIAN IN AND AND SAME BOOK WAS ASSESSED.	1410 18111 8411 1941	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1067468	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Req	Additional juired	
	-8. Name and Address of Currer	nt Registered Agent-		7. Name and Address of New Registered Agent		
			Name	Name		
ALTMAN, STUART H		•	Street Address	s (P.O. Box Number is Not Acceptable)		
100 SE 2ND ST, 17TH FLOOR						
MIAMI FL 33	3131				0-4-	
			City	<b>ГЬ</b>	Code	
the obligatio	ns of registered agent.		s registered office or regist	stered agent, or both, in the State of Florida. I am familiar v	with, and accept	
SIGNATURE 🖫	gnature, typed or printed name of registered ag-	ent and title if applicable. (NO	TE: Registered Agent signature requi	uired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		00		Trust Fund Contribution.	65.00 May Be added to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS	P CHEN, CARMEN 1940 NE 194 STREET MIAMI FL 33179	` Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha	inge Addition	
TITLE NAME STREET ADDRESS	VP CHEN, LAM SANG 1940 NE 194 STREET MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	ange 🗍 Addition	
TITLE NAME STREET ADDRESS	WALLING TE GOTTO	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-2IP	Chr.	ange [] Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange 🗌 Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an o		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oall, that it is indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oall, that is under the composition or the receiver of 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.