2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
07-18-2001 90063 001 ***550.00
07-18-2001 90063 002 *****8.75

014378 IN

DOCUMENT # P00000114182

1. Entity Name
LIM'S MASTER 2 CORP.

Principal Place of Business	Mailing Address
1830 SHERIDAN STREET HOLLYWOOD FL 33020	220 TORRESDALE AVE NORTH YORK, ONTARIO CANADA M2R -2E8 CA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1830 SHERIDAN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. HOLLYWOOD, FL 33020	
City & State		City & State HOLLYWOOD FL 33020	
Zip	Country	Zip	Country

4. FEI Number 65-1061722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B ESQ
6598 N.W. 97 DRIVE
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name: SOO BONG, LIM
Street Address (P.O. Box Number is Not Acceptable): 1830 SHERIDAN ST.
City: Hollywood FL Zip Code 33020

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 S. B. LIM — 7-11-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PD NAME SOO BONG, LIM STREET ADDRESS 1830 SHERIDAN ST. CITY-ST-ZIP Hollywood FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE VP NAME TAE IN, LIM STREET ADDRESS 1830 SHERIDAN ST. CITY-ST-ZIP Hollywood FL 33020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #