FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State P01000024279 DOCUMENT # 1. Entity Name 04-09-2002 90040 038 ***150 00 MOY & CHEE, INC. Principal Place of Business Mailing Address 7491 NW 42ND STREET 7491 NW 42ND STREET LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Zin Country 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 PONRAD VEREBAY, LAYNE Street Address (P.O. Box Number is Not Acceptable) 828 S.E. 3RD AVE STE 400 7491 NW 42 FT LAUDERDALE FL 33316 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. ent 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change Addition TITLE DPS Delete TITLE Moy KIN NAME MOY, KIN NAME CR2E034 STREET ADDRESS STREET ADDRESS 7491 NW 42ND STREET 7491 NW CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 AUDERHIL TITLE ☐ Delete TITLE Change ☐ Addition V۲ AYOUNG CHEE, CONKAD NAME NAME CHEE, CONRAD A STREET ADDRESS STREET ADDRESS 7491 NW 42ND STREET CITY-ST-ZIP CITY-ST-ZIP Lauderhill fl 33319 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition 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-7IP CITY-ST-ZIP 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.

RIVED NAME OF SIGNING OFF