FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90090 049 ***150.00

DOCUMENT # P01 000024895

1. Entity Name
SONG'S ENTERPRISE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11044 BISMARCK PL	11044 BISMARCK PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOPER CITY FL	City & State: COOPER CITY
Zip: 33026 / Country:	Zip: 33026 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085139 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: SONG, JAMES I.
Street Address (P.O. Box Number is Not Acceptable): 11044 BISMARCK PL
City: COOPER CITY FL Zip Code: 33026

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 ______________________________
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSD
NAME	SONG, JAMES I.
STREET ADDRESS	11044 BISMARCK PL
CITY-ST-ZIP	COOPER CITY FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/02 954-442-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #