FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am Secretary of State P01000068193 **DOCUMENT#** 1. Entity Name INTERNATIONAL 07-11-2002 90242 039 ***150.00 CHIN HEE OH ENTERPRISES, INC. ハと Principal Place of Business Mailing Address 3309 W KENNEDY BLVD 3309 W KENNEDY BLVD TAMPA FL 33609 **TAMPA FL 33609** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI_Number Applied For City & State *3599*838 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAVINO, DENISE Street A 3606 W KENNEDY BLVD TAMPA FL 00609 City 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. I am familiar with, and accept the obligations of registered agent DATE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE OH, CHIN H NAME NAME 3309 W KENNEDY BLVD STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

XSULATURE DE CONTRED DE PRINTED NAME DE SIGNING DEFICER DE DIRECTOR

BOID 8CO10

C INTERNATIONAL, INC

3309 W. KENNEDY BLVD. TAMPA, FL 33609

JULY 8, 2002

DIVISION OF CORPORATIONS UNIFORM BISINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

RE: C INTERNATIONAL, INC. 3309 W. EKNNEDY BLVD. TAMPA, FL 33609 DOCUMENT#: P01000068193

TO WHOM IT MAY CONCERN,

WE ARE WRITING WITH REGARD TO THE 2002 UNIFORM BUSINESS REPORT APPLICATION. WE ARE IN RECEIPT OF A SECOND NOTICE. HOWEVER, THIS IS THE FIRST NOTICE WE HAVE ACTUALLY RECEIVED.

ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF \$150.00. BEING THIS IS OUR FIRST NOTICE WE ARE REQUESTING UNDERSTANDING AND ACCEPTANCE OF THE INITIAL FEE.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,

CHIN HEE OH

Chi flee Sh