## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State DOCUMENT # Po10000 99444 Hwachin Commercial Service, Inc. 05-21-2002 91116 032 \*\*\*150.00 Principal Place of Business Mailing Address 4605 S. Clark Ave Tampa FL 3361 3. Mailing Address 113 S. MacDill Ave 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-375071 lampu Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 450 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hwa-Chin-Smith -Street Address (P.O. Box Number is Not Acceptable) City Zip Code Sove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01)☐ Delete HILE TITLE Addition Smith, Hwachin 4605 5. Clark Ave Tampa FL 3360/ NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP BHI ☐ Defete TITLE Change Addition NAMI NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 impowered.

SIGNATURE: