## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT #



FILED Mar 06, 2003 8:00 am Secretary of State

| Signature   Sign     | 1. Entity Na                            | DIVIENT<br>PRTSWEAR      |                               | 0010                     | 9067               |                          |                         |           | 03-06-2003 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •            |                      |                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------------|--------------------------|--------------------|--------------------------|-------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|-----------------------------------------------|--|
| Sale, Apl, 9, 610:    City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 851 SAN RE                              | emo drive                | 5                             | 8840 9                   | SW 67 CT           | •                        |                         |           | .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NUJRJ HOJI O | B168 (861): 221      | <b>88 k</b> illes ( <b>88</b> 2 1 <b>90</b> 4 |  |
| City & State  City & State  City & State  Country  Country  Country  City  Cit   | 2. Principal                            | l Place of Busin         | ess                           | 3. Maili                 | ng Address         | <del>.</del>             | <u> </u>                | 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                      |                                               |  |
| City & State  City & State  Country  Zip  Country  Ximan and Address of New Registered Agent  Name  Triang and Address of New Registered Agent  Zir Country  City  FL  Zip Code  City  FL  Zip Cod   | Suite, Apt. #, etc. Suite, Apt. #, etc. |                          |                               |                          |                    | <del>_</del>             |                         | _         | ☐ CHECK HERE IF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MAKING       | CHANGE               | 'S                                            |  |
| Mode        | City & Sta                              | ate                      |                               | City &                   | City & State       |                          |                         | 4.        | 4. FEI Number 65-1153197 Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                      |                                               |  |
| HOBAN, CHIE K 7. Name and Address of New Registared Agent  Name Name    Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name   Name      | Zip                                     |                          |                               |                          | Zip Count          |                          |                         | 5.        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | \$8.75 A             | dditional                                     |  |
| HOBAN, CHIE K 7355 NW 41ST MAMI FL 33166  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  Signature acceptable)  Date  FL  City  FL  City  FL  Zip Code  City  City  City  City  Signature acceptable to Footable planting with, and acceptable planting with acceptable planting wit acceptable planting with acceptable planting with acceptable pl   |                                         | 6. Name                  | and Address of Curre          | ent Registered           | Agent              | <del>'</del> _           |                         | - 7.      | Name and Address of New Ren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                      | red                                           |  |
| MAMI FL 33166  City FL Zip Code  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 femiliar with, and a coeparate to obligations of registered agent, and a coeparate service of the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAKE  SIRET ADDRESS  CITY-S1-2P  TILE  WESTON FL 33328  CITY-S1-2P  TILE  MAKE  SIRET ADDRESS  CITY-S1-2P  TILE  MAKE  SIRET | HOBAN,                                  | CHIE K                   |                               |                          |                    |                          |                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , otorou     | gent                 | · · · · · · · · · · · · · · · · · · ·         |  |
| Ethe properties of registered agent.  8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature Signature based or protect mane of legistered agent agent and store it approaches.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                          |                               |                          |                    |                          | Street Address          | (P.O. I   | Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                      |                                               |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                       |                          |                               |                          |                    |                          | City                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>  | Zin Cor              | de                                            |  |
| SIGNATURE    Signature   Post    | 8. The above                            | e named entity           | submits this statemen         | t for the purpos         | se of changing its | registere                | ed office or registe    | ered aç   | gent, or both, in the State of Florid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | la. I am fa  |                      |                                               |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | <del></del>              |                               |                          |                    |                          |                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                      |                                               |  |
| After May 1, 2003 Fee will be \$550,00 May Be Make Check Payable to Florida Department of State  10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | Signature, typed or      | printed name of registered ag | ent and title if applica | able. (NOTE        | E: Registered            | Agent signature require | ed when r | einstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE         |                      |                                               |  |
| TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR   | Afte                                    | r May 1, 2003            | Fee will be \$550.0           | 0<br>of State            |                    |                          | 1                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>\$5.0</b><br>Adde | 00 May Be<br>d to Fees                        |  |
| TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR   | 10.                                     |                          | OFFICERS AN                   | ID DIRECTORS             | 3                  | 11.                      |                         | . ДГ      | DITIONS/CHANGES TO OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DC AND I     | NECTOR               | 20 (5) 44                                     |  |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP    | NAME<br>STREET ADDRESS                  | KHO, TAE \<br>851 SAN RE | OUNG<br>EMO DRIVE             |                          |                    | TITLE<br>NAME<br>STREE   | T ADDRESS               | · AL      | DOMONS/CHANGES TO OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                      | Addition                                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME<br>Street address                  |                          |                               |                          | ☐ Delete           | NAME<br>STREE            | T ADDRESS               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [            | ☐ Change             | Addition                                      |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME<br>STREET ADDRESS                  |                          |                               |                          | □ Delete           | NAME<br>STREET           |                         | τ.        | and the same of th |              | Change               | ☐ Addition                                    |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME  VAM   | name<br>Street address                  |                          |                               |                          | ☐ Delete           | NAME<br>STREET           |                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C            | Change               | Addition                                      |  |
| NAME STREET ADDRESS STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br>Street Address                  |                          |                               |                          | ☐ Delete           | NAME<br>STREET           |                         | ,=-       | ,,, <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | Change               | Addition                                      |  |
| 2. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                          |                               |                          |                    | NAME<br>STREET<br>CITY-S | T-ZIP                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | - <b>'</b>           | Addition                                      |  |

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

TRE TaeCYoung=Kho, President 2/17/03 (305)628-1984

Daytime Phone #