2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State **DOCUMENT #** P01000110929 1. Entity Name 09-17-2002 90100 023 ***550 00 CERA - LIFE, INC. Principal Place of Business Mailing Address OIMAIO 4137 N.W. 86TH AVENUE 4137 N.W. 88TH AVENUE **IINIT 4137 UNIT 4137** SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 4137 NW 88th Ave. 4137 NW BEHN AVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE (Suite City & State City & State Applied For 4. FEI Number FL Sunrise 27-0000105 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4211-USA Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YI, YOUNG H Street Address (P.O. Box Number is Not Acceptable) 936 S.W. 112TH TERR. PEMBROKE PINES FL 33025 City 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 familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, (4/02)PTD TITLE TITLE ☐ Addition ☐ Delete Change YI. YOUNG H NAME NAME 936 S.W. 112TH TERR STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE Change Addition YI, SE S NAME NAME STREET ADDRESS 936 S.W. 112TH TERR STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP_ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 공연적원 경우 ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

President

SIGNATURE:

FILED