2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P32802** Apr 22, 2000 8:00 am Secretary of State C. P. CHOO HOLDING COMPANY LIMITED 04-22-2000 90062 024 ***150.00 Principal Place of Business Mailing Address C/O DAN FREEMAN C/O DAN FREEMAN 5200 S. HIGHWAY 17/92 5200 S. HIGHWAY 17/92 CASSELBERRY FL 32707 CASSELBERRY FL 32707-3845 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 250 S 1 City & State 4. FEI Number Applied For 59-3031461 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, DANIEL JR. Street Address (P.O. Box Number is Not Acceptable) 5250 5 US HWY 17/92 5200 S. HIGHWAY 17/92 CASSELBERRY FL 32707 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. SIGNATURE DATE 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, 2000 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CHOO, TECK HENG NAME STREET ADDRESS STREET ADDRESS 98 GRANVILLE RD,#706-707 CITY-ST-ZIP CITY-ST-ZIP KOWLOON, HONG KONG ☐ Change ☐ Addition □ Delete TITLE NAME CHOO, CHIN PENG NAME STREET ADDRESS STREET ADDRESS 98 GRANVILLE RD,#706-707 CITY-ST-ZIP CITY-ST-ZIP KOWLOON, HONG KONG ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME CHOO, TECK HOCK STREET ADDRESS STREET ADDRESS 98 GRANVILLE RD,#706-707 CITY-ST-ZIP CITY-ST-ZIP KOWLOON, HONG KONG ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME CHOO. TECK W STREET ADDRESS STREET ADDRESS 16 JALAN ARA, 42000 PT KLANG CITY-ST-ZIP CITY-ST-ZIP SELANGOR MA ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR