2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P9300061270 1. Entity Name MOY & CO., INC. 03-21-2000 90076 048 ***150.00 Mailing Address Principal Place of Business 3575 BROKENWOODS DR 9215 W SAMPLE RD CORAL SPGS FL 33065 **LUU41693** CORAL SPGS FL 33065-1659 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0434918 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 MOY, WAI LING Street Address (P.O. Box Number is Not Acceptable) 3575 BROKENWOODS DR STE J901 CORAL SPGS FL 33065 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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. Change ☐ Addition ☐ Delete TITLE MOY, WAI LING NAME STREET ADDRESS 3575 BROKENWOODS DR 901

11. THLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL Addition ☐ Delete ☐ Change D TITLE TITLE MOY, KIN NAME STREET ADDRESS STREET ADDRESS 3575 BROKENWOODS DR 901 CITY-ST-ZIP CITY-ST-ZIP CORAL-SPGS FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-719 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2000

954-752-5780