2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # **P94000048771** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name CHIPS TRADING, INC. 04-25-2000 90079 031 ***150.00 Mailing Address Principal Place of Business 2630 N.W. 72 AVENUE 2630 N.W. 72 AVENUE MIAMI FL 33122-1306 MIAMI FL 33122 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0509205 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANG, MEI C Street Address (P.O. Box Number is Not Acceptable) 7350 S.W. 100 STREET MIAMI FL 33156 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, typed or printed number or 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change ☐ Addition **DPST** TITLE ☐ Delete TITLE NAME NAME YANG, MEI C STREET ADDRESS STREET ADDRESS 2630 N.W. 72 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME HWANG, PHONESACK NAME STREET ADDRESS STREET ADDRESS 2630 N.W. 72 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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-ZIP CITY-ST-7IP 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.