2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P94000054705 DOCUMENT # 1. Entity Name 05-20-2002 90112 024 ***150 00 PEKING DYNASTY, INC. Principal Place of Business Mailing Address 113 SW 107TH AVENUE 113 SW 107TH AVENUE MIAMI FL 33174 MIAMI FL 33174 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0510714 Not Applicable \$8.75 Additional Zip Country Zip Country П 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent **- 6: Name and Address of Current Registered Agent Name SANG, JOSE T Street Address (P.O. Box Number is Not Acceptable) 113 SW 107TH AVENUE MIAMI FL 33174 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 5 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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. (9/01) ☐ Addition ☐ Delete TITLE TITLE NAME LUK, JAN W. NAME CR2E034 STREET ADDRESS 113 SW 107TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SANG, JOSE T. STREET ADDRESS 113 SW 107TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition . Change - Delete TITLE NAME SANG, YOLANDA NAME STREET ADDRESS STREET ADDRESS 113 SW 107TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Change ■ Addition □ Delete TITLE 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

SIGNATURE:

changed, or on an attachr

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED