FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am **Secretary of State** P94000059050 DOCUMENT # 1. Entity Name 01-31-2002 90062 016 ***150.00 NEW CONNECTION INC. Principal Place of Business Mailing Address 2503 NW 5TH AVE 2503 NW 5TH AVE MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0512719 Not Applicable Zip Country Country Zip \$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 LEE. HAN CHU Street Address (P.O. Box Number is Not Acceptable) 10421 LIMA ST COOPER CITY FL 33026 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. SIĞNATURE . 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, 2002 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE TITLE ☐ Change Addition ☐ Delete LEE, HAN CHU NAME 10421 LIMA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEE, KYUNG SOOK NAME STREET ADDRESS 10421 LIMA ST STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP TITLE DS Delete TITLE Change Addition NAME LEE, CHANG SOON NAME STREET ADDRESS 10421 LIMA ST STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEE, HYUN SOOK NAME NAME STREET ADDRESS 10421 LIMA ST STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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: _

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Date Dayline Phone #