2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P94000067672 05-17-2001 90368 038 ***550.00 YEUNG & YEUNG ENTERPRISES, INC. Principal Place of Business Mailing Address 11232 PINES BLVD. 11232 PINES BLVD. 550613 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0521495 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 YEUNG, MAN C Street Address (P.O. Box Number is Not Acceptable) 11232 PINES BLVD. PEMBROKE PINES FL 33025 City Zip Code FL 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 Fiorida (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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME YEUNG, MAN C STREET ADDRESS STREET ADDRESS 11232 PINES BLVD. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33025 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME YEUNG, DICK M NAME STREET ADDRESS STREET ADDRESS 11232 PINES BLVD. CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33025 TITLE ☐ Delete TITLE. Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete 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: .

SIGNATURE AND TYPED OR PRINTED

Daytime Phone #

FILED