2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State P95000010796 DOCUMENT # 1. Entity Name YEE'S ENTERPRISES, INC 05-24-2000 90149 019 ***150.00 Principal Place of Business Mailing Address 1528 WHITEHALL DRIVE 1528 WHITEHALL DRIVE APT #204 APT #204 FORT LAUDERDALE, FL 33324 60037380 FORT LAUDERDALE, FL 33324 2. Principal Place of Business · 国际国际公司 3. Mailing Address 13792 N GARDEN COVE CIRCLE 13792 N GARDEN COVE CIRCLE Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DAVIE, FL DAVIE, FL 65-0568103 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 33325 33325 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONG, ELAINE YEE L 1528 WHITEHALL DRIVE Street Address (P.O. Box Number is Not Acceptable 13792 N GARDEN COVE CIRCLE APT #204 FORT LAUDERDALE, FL 33324 Zip Code DAVIE 33325 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. WONG, ELAINE YEE L SIGNATURE Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ρ TITLE TITI F ☐ Delete Addition WONG, ELAINE YEE L NAME STREET ADDRESS 13792 N GARDEN COVE CIRCLE 1528 WHITEHALL DRIVE, APT #204 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33324 CITY-ST-ZIP DAVIE, FL 33325 TITL F Detete TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete -Change ☐ Addition 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME THEET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ridicated 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 AND TYPED OR PRINTED NAME OF SIG