2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P95000023462 Y & H ENTERPRISES, INC. 01-20-2000 90096 043 ***150.00 Mailing Address Principal Place of Business 1448-18 W. INTERNATIONAL SPEEDWAY BLVD. 8748 WITTENWOOD COVE ORLANDO FL 32836-5527 DAYTONA BEACH FL 32114 00005858 2. Principal Place of Business 3. Mailing Address Ave mills DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number ty & State Delando FL 59-3306916 Not Applicable Country Zip 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 Name HUANG, JIAN SHU Street Address (P.O. Box Number is Not Acceptable) 1620 S PALMETTO AVE APT #100 S DAYTONA FL 32119 Zip Code City 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 Florida. SIGNATURE (NOTE, Registered Agent signature required when reinstating) name of registered agent and title if applicable. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE HUANG . JIAN SHU HUANG, JIAN SHU NAME NAME 1401 5 palmetto Ave 1620 S PALMETTO AVE, #100 STREET ADDRESS STREET ADDRESS Daytona Beach FL 32114 CITY-ST-ZIP CITY-ST-7IP S DAYTONA FL 32119 Delete TITLE YANG, TU KAY NAME NAME 216 SHEILA AVE. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

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changed, or on an attachment with an address, with all other like empowered.

IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pate Daytime Phone #