2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

Feb 19, 2002 8:00 am Secretary of State P95000033311 DOCUMENT # 1. Entity Name CHRISTINA & COMPANY, INC. 02-19-2002 90047 013 ***150.00 Principal Place of Business Mailing Address 8842 GREY HAWK POINT 8842 GREY HAWK POINT ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0615071 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 YU. SANG N Street Address (P.O. Box Number is Not Acceptable) 8842 GREY HAWK POINT ORLANDO FL 32836 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE Delete NAME SANG, N. YU NAME 8842 GREY HAWK POINT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ORLANDO FL 32836 ☐ Addition Delete TITLE Change TITLE NAME OUSIK, YU STREET ADDRESS 8842 GREY HAWK POINT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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

FILED