2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # P9500034095 YOUNG SAENG FREIGHT OF MIAMI, INC. 03-29-2000 90040 009 ***150.00 Principal Place of Business Mailing Address 7001 NW 50TH ST 7001 N.W. 50TH ST MIAMI FL 33166 MIAMI FL 33166-5635 C0046992 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE *-05A037*3 City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip 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 ILL JIN, JEONG Street Address (P.O. Box Number is Not Acceptable) 7001 N.W. 50TH ST MIAMI FL 33166 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 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME JOENG, JIN ILL NAME STREET ADDRESS STREET ADDRESS 7001 N.W. 50TH ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE NAME CHOI, SOON E NAME STREET ADDRESS AV 27 DE FEB, #39., SUITE 312 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTO DOMINGO DR Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered (305) 718-9389

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR