2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2000 8:00 am Secretary of State DOCUMENT # P95000037118 1. Entity Name YANG KUO, INC. 03-17-2000 90028 022 ***150.00 Principal Place of Business Mailing Address 3649 30TH AVE N 3649 30TH AVE N ST PETE FL 33713-3558 ST PETE FL 33713 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0581380 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE. MEI-HUI Street Address (P.O. Box Number is Not Acceptable) 3649 30TH AVE N APT 1 ST PETE FL 33713 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Change ☐ Addition TITLE TITLE ☐ Delete LEE, YIH-HSIANG NAME NAME STREET ADDRESS 3649 30TH AVENUE, APT 1 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP ☐ Addition Change Delete TITLE LEE, KUANG-HSIANG NAME STREET ADDRESS STREET ADDRESS 3649 30TH AVENUE, APT 1 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 Change Addition Delete TITLE 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-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #