FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2002 8:00 am \$ Secretary of State DOCUMENT # P95000043000 1. Entity Name EASYSOFT INTERNATIONAL, INC. Principal Place of Business Mailing Address 2100 W 76TH STREET 2100 W. 76TH STREET SUITE 406 SUITE 906 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 23 16341 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0595221 Miramai Miramar Not Applicable \$8.75 Additional 5. Certificate of Status Desired O Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUN, WEI Street Address (P.O. Box Number is Not Acceptable) 17800 N BAY RD STE 906 N MIAMI BCH FL 33160 City Zip Code 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PTSD** Delete TITLE Change ☐ Addition SUN. WEI NAME NAME STREET ADDRESS 17800 N BAY ROAD #906 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME LOPEZ, ANTHONY NAME STREET ADDRESS 5605 WEST 13 COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL-33012 ---CITY-ST-ZIP -TITLE Delete TITLE Change ☐ Addition NAME ZHONG, YANG NAME STREET ADDRESS 2100 WEST 76 STREET SUITE 406 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP PD TITLE **Delete** TITLE Change ☐ Addition NAME SIGMAN, ANNE NAME STREET ADDRESS 10923 MCCORMICK ROAD STREET ADDRESS CITY-ST-ZIP **HUNT VALLEY MD 20131** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.