FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am g Secretary of State DOCUMENT # P95000043500 1. Entity Name 05-14-2002 90034 014 ***150.00 CINGIE CORPORATION Principal Place of Business Mailing Address 1907 KING ROAD C/O YU D HAN JACKSONVILLE FL 32209 10916-1A ATLANTIC BLVD. JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address metson (t Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3346081 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Han. HAN, YU D CPA O Box Number is Not Acceptable) 10916-1A ATLANTIC BLVD. JACKSONVILLE FL 32225 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 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 12. TITLE PSTD ☐ Delete ☐ Addition NAME UH, ALIEN S. UH. ALLEN S 1798 RITTEN HOUSE LANE STREET ADDRESS STREET ADDRÉSS 10299 RIPPLE RUSH DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP 32256 JACKSONVILLE JACKSONVILLE FL 32257 ☐ Delete TITLE Change ☐ Addition **VD** UH, HYUNS, 7198 RITTEN HOUSE NAME NAME UH, HYUN S STREET ADDRESS STREET ADDRESS 10299 RIPPLE-RUSH DRIVE WEST CITY-ST-7IP CITY-ST-ZIP 32256 JACKSOKVILLE JACKSONVILLE FL 32257 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIPS TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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

SIGNATURE:

changed, or on an attachment with an address,

with all other like empowered