FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # P95000066618 1. Entity Name 04-23-2002 90434 040 ***150.00 SENG-CHAI TAN, P.E., P.A. Principal Place of Business Mailing Address 1107 G 3 GREENPINE BLVD 1107 G 3 GREENPINE BLVD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 US US 2. Principal Place of Business 345 ALHAMBRA PL 3. Mailing Address 345 ALH AMBRA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WEST PARM BUT 4. FEI Number Applied For 65-0611087 1007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 5315 LAKE WORTH ROAD LAKE WORTH FL 33463 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition SENG-CHAI NAME CHAI TAN, SENG NAME ALHAMBRA STREET ADDRESS 1107-G3 GREEN PINE BLVD STREET ADDRESS BUIT 33401 CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KET CITY-ST-ZIP TITLE ... 12: 3\ ☐ Delete TITLE ☐ Change ☐ Addition مرقوم عليا وأرأ أفعاله الأ NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/P

CITY-ST-ZIP

Daytime Phone #