FILED Apr 11, 2003 8:00 am \$\frac{3}{5}\$ Secretary of State 04-11-2003 90123 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000076754

1. Entity Name

J. YIM CORP.



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Surie. Aprl. #, ric. Surie. Aprl. #, ric. Surie. Aprl. #, ric. City & State City & State City & State County Zip County Zip County Zip County Zip County S. Certification of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Section Company Financing 8. Section Company Financing 9. Section Company Financing 9. Section Company Financing 9. Secti													
Suite, Apt. #. mtc. Suite Apt. #. etc CHCK HERE IF MAKING CHANGES City & State Check Here IF MAKING CHANGES Applied For Applied F	FORT LAUDER	RDALE FL 33321	3	FORT	FORT LAUDERDALE FL 33328				# # ## ## ## ##########################				
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Zip Country Zip Country 5. Certificate of Status Desired: S8.75 A additional recommendation of the propose of changing its registered of files or registered agent, or both, in the State of Provide is an item and address of current for the purpose of changing its registered office or registered agent, or both, in the State of Provide is an item and address of registered agent. City FL Zip Code	Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the coting patrons of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of state OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OYIM, SHING 238 RIDGE TRACE DAVIE FL 33328 OTY-51-2P DAVIE FL 33328 TILE OYIM, SHING OYIM, SHING SIRET ADDRESS OTY-51-2P DEIde TILE ORANGE SIRET ADDRESS OTY-51-2P OTH-51-2P OT					Street Address			s (P.O. Bo	(P.O. Box Number is Not Acceptable)				
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: