2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # P95000091156 **Secretary of State** DAI SAN, INC. 03-24-2000 90075 011 ***150.00 Principal Place of Business Mailing Address 1031 SW 73 AVE 1031 SW 73 AVE MIAMI FL 33144 MIAMLIFL 33144-4507 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0635769 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAN, YIU G Street Address (P.O. Box Number is Not Acceptable) 1031 SW 73 AVE **MIAMI FL 33144** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 [11. 12. ☐ Addition PD ☐ Change TITLE ☐ Delete TITLE CHAN, YIU G NAME STREET ADDRESS STREET ADDRESS 1031 SW 73 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Change ☐ Addition **VSTD** ☐ Delete TITLE TITLE NAME CHAN, MEI Y NAME STREET ADDRESS STREET ADDRESS 1031 SW 73 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete Change Change ☐ Addition 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 (X) JULY CHAPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>83-21-00</u>

Daytime Phone #