FILED

Jan 09, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

P96000015240

DOCUMENT #

SIGNATURE:

Secretary of State 1. Entity Name UNITED INVESTMENT CORPORATION 01-09-2002 90015 033 ***150.00 Principal Place of Business Mailing Address 1933 AYRSHIER PL 1933 AYRSHIER PL OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3362353 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIOU, JUIN-JEI Street Address (P.O. Box Number is Not Acceptable) 1933 AYRSHIER PL OVIEDO FL 32765 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/6) TITLE ☐ Delete TITLE ☐ Addition NAME LIOU, JUIN-JEI STREET ADDRESS 1933 AYRSHIER PL CR2E034 STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP TITLE ☐ Delete Đ۷ TITLE ☐ Change ☐ Addition NAME LIOU, PEI-LI NAME STREET ADDRESS 1933 AYRSHIER PL STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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.

Belgin I. Liou