2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am DOCUMENT # P96000066380 **Secretary of State** 1. Entity Name TROPICAL EXPRESS OF AVENTURA, INC. 02-15-2001 90092 029 ***150 00 Principal Place of Business Mailing Address 19575 BISCAYNE BLVD. 19575 BISCAYNE BLVD. SPACE NO. 1393 AVENTURA MALL SPACE NO. 1393 AVENTURA MALL AVENTURA FL 33180 00017894 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0699130 Not Applicable Zip Country Zip 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 SINGLETARY, JIM Street Address (P.O. Box Number is Not Acceptable) 13920 SW 104 AVE **MIAMI FL 33176** City Zip Code 8. The above named ent v submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. E: 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees A (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE **PST** ☐ Delete TITLE Change NAME SINGLETARY, JIM NAME STREET ADDRESS 13920 SW 104 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Change Addition Delete TITLE TITLE GARCIA, LAZARO NAME NAME STREET ADDRESS 12049 SW 75 ST STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP MIAMI FL TITLE ☐ Addition TITLE ☐ Change ☐ Delete HOI, SANG-YEUNG ~ NAME NAME STREET ADDRESS 13380 BISCAYNE BAY DR STREET ADDRESS CITY-ST-712 CITY-ST-ZIP NO MIAMI FL 33181 TITLE Delete TITLE ☐ Change ☐ Addition YING, HO NAME NAME STREET ADDRESS 650 SOUTHSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE Delete TITLE ☐ Change ☐ Addition GARCIA, JOSE JR. NAME NAME STREET ADDRESS 12425 SW 94 LN STREET ADDRESS CITY-ST-ZIF MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete ☐ 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 trusted 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:

MATERIAL JIM IN CHARLE

1/31/0

305-466-3236

Daytime Phone #