**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nar	MENT # P970000 CORPORATION	56131	· ·		Feb 03, 200 Secretary 02-03-2001 90010	of St	ate
Principal Place of Business 1798 N.W. 20 ST #1 MIAMI FL 33142		Mailing Address 1798 N.W. 20 ST #1 MIAMI FL 33142					
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. F	El Number <b>65-0893207</b>		pplied For
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Current R	egistered Agent	<u> </u>	7. N	ame and Address of New Registered	Fee Require	<del></del>
CHONG, KEUM J 1798 N.W. 20 ST., #1 MIAMI FL 33142			Name Street Addre				
8. The above	e named entity submits this statement for t	he purpose of changing it			nt, or both, in the State of Florida.	Zip Coo	le .
Tax filing (See crite	Signature, typed or printed name of registered agent and orration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered Agent signature re 7!!! FEE IS \$150.00 001 Fee will be \$550. ble to Department of	00 State	Election Campaign Financing     Trust Fund Contribution.	Ådde∈	00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DO CHONG, KEUM J 1798 N.W. 20 ST., #1 MIAMI FL 33142	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD	OITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ريان من المنظم الله المنظم الله المنظم الله المنظم الله الله المنظم الله المنظم الله المنظم ا	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST, ZIP	- الله الله الله الله الله الله الله الل		☐ Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	A Constitution of the Cons	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		* ***	☐ Change	☐ Addition
of the cor	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empowe or on an attachment with an address, with	de and accurate and that report	r the exemption stated in my signature shall have to as required by Chapter	ine same lei	hal effect as it made under eath: that l	am an Afficar	or director