2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

May 05, 2003 8:00 am 8 Secretary of State P97000075978 **DOCUMENT #** 1. Entity Name 05-05-2003 90164 020 ***150.00 SENG CHOW CORPORATION Principal Place of Business Mailing Address 8275 N FLAGLER 8275 N FLAGLER **MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Addres Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0792784 Not Applicable Dade \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENG, NORMAL SENG, NORMA L 14260 S.W.57 LANE #202 JW. Flagler MIAMI FL 33183 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. I am familiar with, and accept the obligations of registered **SIGNATURE** (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Delete SENG. EMILIO D SENG, NORMAL. NAME NAME 14260 SW 57TH LN, #202 STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SENG. NORMA L NAME NAME 14260 SW 57TH LN, #202 STREET ADDRESS STREET ADDRESS MIAMI-FL-33183-CITY:ST:7IP CITY: ST-ZIP TITLE ☐ Delete TITLE □ Change Addition SENG, EDDY A NAME NAME 14207 TOWNSHIRE STREET ADDRESS STREET ADDRESS **HOUSTON TX 77077** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition SENG, MARTHA L NAME NAME 14260 S.W. 57TH LANE, #202 STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if