FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # P97000083241 1. Entity Name KWAN-G ENTERPRISES, INC. 05-10-2001 90045 011 ***150.00 Principal Place of Business Mailing Address 10050 S.W. 63RD PLACE 10050 S.W. 63RD PLACE MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address SW 63 Place 10020 00.50 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0794107 Not Applicable \$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 GALLEGOS, MARK S Street Address (P.O. Box Number is Not Acceptable) 10050 S.W. 63RD PLACE MIAMI FL 33156 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subp SIGNATURE Signature, typed or p and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy jte in 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITL F NAME KWAN, JEANIE KING N NAME STREET ADDRESS STREET ADDRESS 10050 S.W. 63RD PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** TITLE Delete ☐ Change TITLE Addition GALLEGOS, MARK S NAME NAME STREET ADDRESS STREET ADDRESS 10050 S.W. 63RD PLACE CITY-ST-7/P CITY-ST-ZIP **MIAMI FL 33156** TITLE" TITLE ☐ Delete Change *** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.