2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000026781 May 14, 2001 8:00 am Secretary of State YOUNGJIN COMMERCIAL SERVICE, INC. 05-14-2001 90079 039 ***150.00 Principal Place of Business Mailing Address 3717 WEST WISCONSIN AVENUE #9 3717 WEST WISCONSIN AVENUE #9 TAMPA FL 33611 TAMPA FL 33611 **LUUDJO04** 3. Mailing Address 2. Principal Place of Business MacDill Ave. 113 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # B Applied For 59-3502611 City & State City & State 4. FEI Number amp a Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired USA 33609 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CHOI, YOUNG JIN Street Address (P.O. Box Number is Not Acceptable) 3717 WEST WISCONSIN AVENUE #9 **TAMPA FL 33611** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS 6150.00 9. This corporation is eligible to satisfy its Intangib -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CHOI, YOUNG JIN NAME NAME 3717 WEST WISCONSIN AVENUE #9 STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Daytime Phone #