2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # P98000040548 1. Entity Name 05-24-2002 91281 025 ***163 BLUE SKY TOURS INC. Principal Place of Business Mailing Address 2497 STIRLING ROAD 2497 STIRLING ROAD FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0833150 Not Applicable Zip Country Zip Country \$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 Name WANG."MING C Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS ROAD #208-15 PLANTATION FL 33317 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. 12. TITLE ☐ Delete TITLE NAME WONG, YUK N NAME STREET ADDRESS STREET ADDRESS 2497 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE Change ☐ Addition Delete TITLE DT NAME NAME WONG, HUNG Y STREET ADDRESS STREET ADDRESS 2497 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change - ☐ Addition TITLE" TITLE NAME NAME CHENG, SUNG S STREET ADDRESS STREET ADDRESS 2497 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 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 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.

FILED