## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000050298** COMPU-UNIVERSE TRADING INC. 02-01-2001 90027 045 \*\*\*150.00 Mailing Address Principal Place of Business 124 SE FIRST STREET #40 124 SE FIRST STREET #AC **MIAMI FL 33131** MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0851172 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHO, KYU Y Street Address (P.O. Box Number is Not Acceptable) 3877 BIMINI COOPER CITY FL 33026 Zip Code City FL nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. his stat 8. The above named enlity submi ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PSTD TITLE ☐ Delete TITLE CHO, KYU Y NAME NAME STREET ADDRESS STREET ADDRESS 3877 BIMINI CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Kyu Yong Cho, President 1/12/01 (305)**SIGNATURE** ED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # TURE AND D

13. I hereby certify that the information surplied 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 truttee 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.