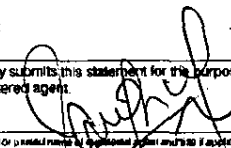
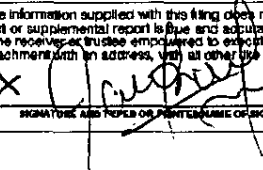


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90208 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000050298			
1. Entity Name COMPU-UNIVERSE TRADING INC.			
Principal Place of Business 124 SE FIRST STREET MIAMI, FL 33131		Mailing Address 124 SE FIRST STREET MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0851172		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHO, KYU Y 3877 BIMINI COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent. SIGNATURE ☒  (NOTE: Registered Agent's signature required when instituting.) DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PSTD CHO, KYU Y 3877 BIMINI COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 registered 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 changed, or on an attachment with an address, with all other fee empowered.			
SIGNATURE: ☒  SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

70047506

CP2E034 (10/02)

ATTACHMENT

Form **8822**
(Rev. December 2002)

Department of the Treasury
Internal Revenue Service

Change of Address

▶ Please type or print.

OMB No. 1545-1163

▶ See instructions. ▶ Do not attach this form to your return.

Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc)

▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt no.

Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc)

10 ☒ Business location

11a Business name

11b Employer identification number

COMPU-UNIVERSE TRADING INC.

65-0851172

12 Old mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

124 S. E. FIRST ST.

MIAMI

FL 33131

13 New mailing address (no., street, city or town, state, & ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

2856 N. W. 72 AVENUE

MIAMI

FL 33122

14 New business location (no., street, city or town, state & ZIP code). If a foreign address, see instructions.

Room or suite no.

2856 N. W. 72 AVENUE

MIAMI

FL 33122

Signature

Daytime telephone number of person to contact (optional)

▶ (305) 471-4749

Sign
Here

Your signature

Date

☒ If Part II completed, signature of owner, officer, or representative

04/11/03

Date

If joint return, spouse's signature

Date

☒ Title

President

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 8822 (Rev 12-2002)