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Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90208 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

700497304

DOCUMENT # P98000050298

1. Entity Name
COMPU-UNIVERSE TRADING INC.

Principal Place of Business	Mailing Address
124 SE FIRST STREET MIAMI, FL 33131	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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
CHO, KYU Y 3977 BIMINI COOPER CITY, FL 33026	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 X ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PSTD CHO, KYU Y 3877 BIMINI COOPER CITY, FL 33026	☐ 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

CR2E034 (10/02)

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 receiver or 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 like empowered.

SIGNATURE: X ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

70047302 ATTACHMENT
P98000050298

Form **8822**
(Rev December 2002)

Department of the Treasury
Internal Revenue Service

Change of Address

► Please type or print.
► See instructions. ► Do not attach this form to your return.

OMB No. 1545-1163

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 joint return, spouse's signature Date

► X _____ If Part II completed, signature of owner, officer, or representative Date 04/11/03

► X President Title

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **8822** (Rev 12-2002)

FDIZ2001 12/23/02