2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 27, 2001 8:00 am DOCUMENT # **P98000050485** Secretary of State 1. Entity Name OCI USA INC. 03-27-2001 90061 030 ***150.00 Principal Place of Business Mailing Address 8243 NW 66TH ST. 8243 NW 66TH ST. MIAMI FL 33166-2627 MIAMI FL 33166-2627 2. Principal Place of Business 3. Mailing Address 66th St. 8251 NW 66th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . Applied For 4. FEI Number 98-0191049 Miam Milam Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u> Miami - Dade</u> Miami Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG, WEI-KAI 8560 NW 64TH ST MIAMI FL 33166-2627 Zip Code nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete TITLE ☐ Change TITLE LENG, DING M STREET ADDRESS 2,20RONG 1/137C, BEDFORD BUISNESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARK, KUALG LUMPUR, MALAYSOY ☐ Delete TITLE Change Addition TITI F SEN, CHING W NAME NAME STREET ADDRESS 2, 20RONG 1/137C, BEDFORD BUISNESS STREET ADDRESS CITY-ST-ZIP PARK, KUANG LUMPUR, MALAYSY CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE WANG, WEI-KAI NĀMĒ NAME STREET ADDRESS 8560 NW 64TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Addition TITLE ☐ Change TITL F ☐ Defete 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

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

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-ZIE

- WANE

☐ Delete

WEI - KA

3/11/01

305 463-531

☐ Change

☐ Addition

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