FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000074436 1. Entity Name POLYGOLD DEVELOPMENT (USA) CO. 4-12-2001 90009 050 \*\*\*150.00 Principal Place of Business Mailing Address 2355 UNIVERSITY DRIVE 2355 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0860688 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER ----Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE HUA, ANH NAME 2355 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HUI, POK K NAME 2355 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete ·LAM,-TOMMY- : - := -----NAME NAME: -- ---2355 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition LEE, ALBERT NAME NAME 2355 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition CHAN, KEUNG K NAME NAME 2355 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE Addition NAME 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.

SIGNATURE

GUATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

4/4/200

954-340-8828

Daytime Phone #