2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000077597 May 16, 2000 8:00 am **Secretary of State** SILK ROAD CO., INC. 05-16-2000 90051 031 ***150.00 Principal Place of Business Mailing Address 3906 COOL WATER COURT 3906 COOL WATER COURT WINTER PARK FL 32792 WINTER PARK FL 32792-8936 2. Principal Place of Business 3. Mailing Address P. O. BOX 4196 W. FAIRBANKS AVE. 952 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3544607 PARK. WINTER PARK WINTER FL FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired W.S.A U.S.A 32793-4296 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WONG, PARK F. CHAN, ANGELA Street Address (P.O. Box Number is Not Acceptable) 3906 COOL WATER COURT WINTER PARK FL 32792 WINTER PARK 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. 4/26/00 PARK F. WONG PRESIDENT SIGNATURE Signature, typed or printed name of registered 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 Change ☐ Addition ☑ Delete TITLE NAME PARK F. WONG CHAN, ANGELA 3906 COOL WATER CT. STREET ADDRESS STREET ADDRESS 3906 COOL WATER COURT WINTER PARK, FL 32791 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change Addition TITLE ☐ Delete EVA JUNG NAME NAME 3906 COOL WATER CT. STREET ADDRESS STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Description of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #