2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # **P98000077597** 05-16-2001 90226 035 ***150.00 SILK ROAD CO., INC. Mailing Address Principal Place of Business 952 W FAIRBANKS AVENUE P O BOX 4296 WINTER PARK FL 32789 WINTER PARK FL 32793 3. Mailing Address 2. Principal Place of Business 2213 N. FORSYTH ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Н Applied For City & State City & State 4. FEI Number 59-3544607 ORLANDO. FL Not Applicable \$8.75 Additional Zip Country Country 5 Certificate of Status Desired \Box 31807 . A. 2. U Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WONG, PARK F Street Address (P.O. Box Number is Not Acceptable) 3906 COOL WATER COURT WINTER PARK FL 32792 Zip Code City 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, 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME WONG, PARK F NAME STREET ADDRESS STREET ADDRESS 3906 COOL WATER COURT CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Addition Change TITLE ☐ Delete NAME NAME JUNG, EVA STREET ADDRESS STREET ADDRESS 3906 COOL WATER CT CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32792** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition □ Delete TITLE 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

FILED