2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000094016 May 15, 2000 8:00 am Secretary of State ACE SNEAKERS, INC. 05-15-2000 90192 007 ***158.75 Principal Place of Business Mailing Address 813 GOLFAIR BLVD. 813 GOLFAIR BLVD. JACKSONVILLE FL 32209 JACKSONVILLE FL 32209-4469 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 13-60Hau-Blud 4. FEI Number 65-0873553 acksonville Not Applicable \$8.75 Additional U.S. A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LEE. MISOOK 901 S. 60TH AVENUE, #230 HOLLYWOOD FL 33023 ly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named Ang-WVO RoH tered agent and title if applicable. SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Delete TITLE LEE. MISOOK NAME STREET ADDRESS 3600 S. STATE RD 7 #230 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.