FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P9900001301 PATRICK CHIN SHUE, INC. 01-30-2001 90096 024 ***150.00 Principal Place of Business Mailing Address 6236 COUNTRY FAIR CIRCLE **6236 COUNTRY FAIR CIRCLE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** BUULASCO 2. Principal Place of Business 3. Mailing Address 6346 Benga Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Baynton Beac Applied For City & State 4. FEI Number 65-0895507 BOUNTON Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33437 33437 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chin Shue, Partrick SHUE, PATRICK CHIN Street Address (P.O. Box Number is Not Acceptable) **6236 COUNTRY FAIR CIRCLE BOYNTON BEACH FL 33437** 6 Bengal Circle 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) DATE 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. DP TITLE ☐ Addition TITLE ☐ Delete chin shue, Petricle 6346 Bengal Circle NAME CHIN SUE, PATRICK STREET ADDRESS STREET ADDRESS 6236 COUNTRY FAIR CIRCLE BoyNTON Beach, Fl 33437 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ŽIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.