2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000011296 Feb 28, 2000 8:00 am Secretary of State CHANG YOUNG, INC. 02-28-2000 90005 016 ***150.00 Mailing Address Principal Place of Business 1155 BANYAN ROAD 1155 BANYAN ROAD **BOCA RATON FL 33432** BOCA RATON FL 33432-7628 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc Applied For City & State Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent KANOUSE, KEITH J P.A. Street Address (P.O. Box Number is Not Acceptable) 2424 N. FEDERAL HIGHWAY SUITE 353. PENINSULA PLAZA **BOCA RATON FL 33431** Zip Code 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 DATE 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 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition Delete TITLE STENHOJ, NIELS МАМЕ NAME 1155 BANYAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOO KIM, CHANG NAME NAME 201 KABUL BLVD. 2-5 GAL WALL-DONG STREET ADDRESS STREET ADDRESS YOUNG SAN-KU SEOUL, KOREA CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete 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 filling 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 dustee amounted 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. changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition