2000 UNIFORM BUSINESS REPORT (UBR) IP. 99000014177 OCUMENT# May 11, 2000 8:00 am Secretary of State B.J. Trading International, Inc. 05-11-2000 90262 014 \*\*\*150.00 Benja Min Rd #B ipal Place of Business Tampa FL 35634 Principal Place of Business 3. Mailing Address 113 S. MacD:1/ Ave #B DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3557800 Not Applicable lampa \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sheet Address (FtO: Box Number is Not Acceptable) == -600/ Benjamin Rd Tampa FL 35634 City 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 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 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 OFFICERS AND DIRECTORS Addition ☐ Delete TITLE Byong Ho Song 600/ Benjamin Rd Tampa FL 35634 NAME STREET ADDRESS CITY-ST-ZIP Addition ☐ Change Delete NAME Afternat co STREET ADDRESS CITY-ST-ZIP ST ZIP [ ] Change Addition TITLE ☐ Delete NAME : STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Celete TITLE NAME \*000000 STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP \$7.7IP [ ] Change Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. Daytime Ptione #