2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000027813 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name DK CHEN, INC. 04-13-2000 90116 016 ***150.00 Principal Place of Business Mailing Address 100 S.E. 2ND STREET, 17TH FLOOR 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131-2158 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1824 Hgrr1501 Suite, Apt. #, etc. HAMSON DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2702 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALTMAN, STUART H Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET, 17TH FLOOR MIAMI FL 33131 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. LAM HING CHEN, TRESIDENT 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete PRESIDENT NAME NAME LAM HING CHEN STREET ADDRESS STREET ADDRESS 800 N.E. 212 [ER AB N.M.B. FL 33,79 CITY-ST-ZIP CITY-ST-ZIP V/PRESIDENT ☐ Addition TITLE Change LAM SANGCHON NAME NAME 1940 NE 19457 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL.33179 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FAM HING (HEN) 4/10/00

(305)999-9185

Daytime Phone #

Change

☐ Addition