FILED
Jul 01, 2002 8:00 am
Secretary of State
05-13-2002 90168 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027946

1. Entity Name: YOP TRADING, INC.

[redacted]

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2. Principal Place of Business: 3333 NORTH TAMIAMI TRAIL	3. Mailing Address: 1502 WEST BUSCH BOULEVARD
Suite, Apt. #, etc.: UNIT 50	Suite, Apt. #, etc.: SUITE A2
City & State: SARASOTA FL	City & State: TAMPA FL
Zip: 34234 Country:	Zip: 33612 Country:

4. FEI Number: 65-0907285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: JAE H KIM
Street Address (P.O. Box Number is Not Acceptable): 1502 WEST BUSCH BOULEVARD SUITE A2
City: TAMPA **FL** Zip Code: 33612

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	TITLE	
NAME	KIM, HO D	NAME	
STREET ADDRESS	5110 19TH LANE EAST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	KIM, YOUNG Y	NAME	
STREET ADDRESS	5110 19TH LANE EAST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HoDaeKim HO D. KIM 4/25/02 941-358-9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #