2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068858 CHI-KUNG ENTERPRISES, INC.

Country

CORPORATION SERVICE COMPANY

6. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

200 E OCEAN AVE #203 MELBOURNE BEACH FL 32951

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

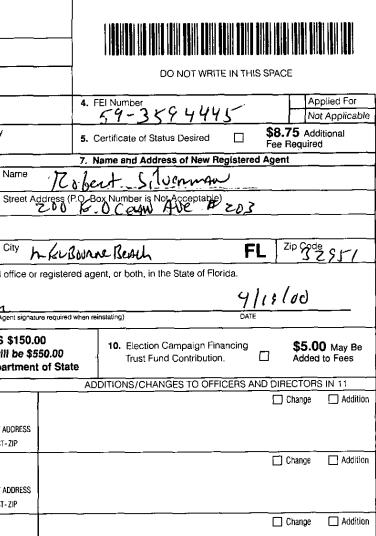
Zip

200 E OCEAN AVE #203

MELBOURNE BEACH FL 32951-2350

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90071 035 ***150.00



1201 HAYS STREET TALLAHASSEE FL 32301-2525			200 K	O Cayou Alber #	203	
			City harbou	nne Beach	FL Zip Code	2951
8. The above	named entity submits this statement for the	e purpose of changing its regi	stered office or registered a	agent, or both, in the State of Flor	ida.	
SIGNATURE .	Signature, typed by printed name of registered agent and to	itle if applicable. (NOTE: Reg	TIM istered Agent signature required when	n reinstating)	4/15/00 DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 F	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Added	May Be to Fees
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, ROBERT J 5056 MALABAR BLVD MELBOURNE BEACH FL 32951	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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Country

Name

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 separt 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 true separate in Block 12 if changed, or on an attachment with a same separate in Block 12 or Block 12 if changed, or on an attachment with a same separate in Block 12 if changed, or on an attachment with a same separate in Block 12 if changed, or on an attachment with a same separate in Block 12 if changed, or on an attachment with a same separate in Block 12 if changed, or on an attachment with a same separate in Block 12 if changed in the same

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR