## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000071587** Apr 22, 2000 8:00 am Secretary of State JUST LIKE NEW INC. 04-22-2000 90042 012 \*\*\*150.00 Principal Place of Business Mailing Address 300 N.E. 211 STREET 300 N.E. 211 STREET NO. MIAMI BEACH FL 33179-1124 NO. MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address 3/2 State Road 7 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Maxaate Country \$8.75 Additional 5. Certificate of Status Desired 33*06*8 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIANG, MING CHE Street Address (P.O. Box Number is Not Acceptable) 300 N.E. 211 STREET NO. MIAMI BEACH FL 33179 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PD ☐ Delete TITLE TITLE LIANG, MING CHE NAME STREET ADDRESS 300 N.E. 211 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI BEACH FL 33179 ☐ Delete ☐ Change ☐ Addition TITLE TITLE YEH, SHAO HUA NAME NAME STREET ADDRESS STREET ADDRESS 300 N.E. 211 STREET CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI BEACH FL 33179 ☐ Change ☐ Addition ☐ Delete .TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE 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 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.

Kelema PERCURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2