2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000071587 JUST LIKE NEW INC. 05-14-2001 90047 038 ***150.00 Principal Place of Business Mailing Address 312 S. STATE RD 7 300 N.E. 211 STREET V U & V U U MARGATE FL 33068 NO. MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0941029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIANG, MING CHE Street Address (P.O. Box Number is Not Acceptable) 300 N.E. 211 STREET NO. MIAMI BEACH FL 33179 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD THTLE ☐ Delete TITLE LIANG, MING CHE NAME NAME STREET ADDRESS 300 N.E. 211 STREET STREET ADDRESS CITY-ST-ZIP NO. MIAMI BEACH FL 33179 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition YEH, SHAO HUA NAME NAME STREET ADDRESS 300 N.E. 211 STREET STREET ADDRESS CITY-ST-ZIP NO. MIAMI BEACH FL 33179 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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.

THEO OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR