

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-01-2002 91514 038 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA9000075374** ✓  
1. Entity Name  
*Bill Se. Hg Imports of Davis, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>5355 S. University Av.</i>		3. Mailing Address <i>2900 N.W. 36th St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Davis, FL 33328</i>		City & State <i>Miami, FL</i>	
Zip <i>33328</i>	Country <i>U.S.A.</i>	Zip <i>33142</i>	Country <i>U.S.A.</i>

89643

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0948920</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Michael Se. Hg*  
Street Address (P.O. Box Number is Not Acceptable)  
*2900 N.W. 36th St*  
City *Miami* FL Zip Code *33142*

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-14-02  
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 \$81.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President William Se. Hg 2900 N.W. 36th St Miami, FL 33142</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice Pres Michael Se. Hg 2900 N.W. 36th St Miami, FL 33142</i>
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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)(f), 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: *[Signature]* *Michael A Se. Hg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-18-02 305-633-0000  
Date Daytime Phone #