2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P99000083245 1. Entity Name TRU CONCEPTS, INC. 01-26-2001 90035 019 ***150.00 Principal Place of Business Mailing Address 8362 PINES BLVD. #326 8362 PINES BLVD. #326 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0949346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas Chan CHAN, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1440 CORAL RIDGE DR. PMB 128 8362 Pines Blud. #326 CORAL SPRINGS FL 33071 Pembroke Pines 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. THOMAS CHAN President 11710 SIGNATURE Signature, typed or printed name of registered agent and title if 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D TITLE ☐ Delete TITLE Change : CHAN, THOMAS NAME CHAN, THOMAS 8362 Pines Blad. #326 STREET ADDRESS 260 NW 76TH AVE., #307 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, TL 33024 MARGATE FL 33063 TITLE ■ Delete TITLE M Addition ☐ Change NAME CUYUGAN, RUDY M NAME STREET ADDRESS STREET ADDRESS 1188 NE 158TH ST. CITY-ST-ZIP N. MIAMI BCH FL 33162 CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

THOMAS CHAN) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO