## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000084336 Mar 10, 2000 8:00 am Secretary of State 1. Entity Name HUDSON INVESTMENT & DEVELOPMENT CO., INC. 03-10-2000 90035 043 \*\*\*150.00 Mailing Address Principal Place of Business 3217 DOLPHIN DRIVE 3217 DOLPHIN DRIVE MIRAMAR FL 33025 MIRAMÁR FL 33025-2745 []0035458 2. Principal Place of Business 3. Mailing Address 246051 P.O. Box Suite, Apt. #, etc. ✓ Applied For City & State City & State 4. FEI Number 65-0958214 Pines Not Applicable Pembroke Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. A 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANG. YANG, CHARLES C Street Address (P.O. Box Number is Not Acceptable) 3217 DOLPHIN DRIVE MIRAMAR FL 33025 N.W. 97th Ave. Zip Code Miami <u> 33178</u> 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. President 2000 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS & CEO Chairman ☐ Addition TITLE ☐ Change TITLE ☐ Delete Charles, C. Yang NAME NAME 3217 Dolphin Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miramay Pres**ë**dent ☐ Addition TITLE □ Delete TITLE ☐ Change Wei Yang 6990 N.W. 97th Ave NAME NAME STREET ADDRESS STREET ADDRESS Miami FL 33178 General Manager CITY-ST-ZIP CITY-ST-ZIP - □ Delete TITLE Change Addition TITLE NAME NAME Broadway BLVD. Pavamus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 3J7IJ ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE

13. 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 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

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ON THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YANG

Feb, 16, 200

(954)433-132

Daytime Pho