FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 14, 2001 8:00 am DOCUMENT # P99000095897 Secretary of State 1. Entity Name **FULFILL CORPORATION** 03-14-2001 90013 028 ***150.00 Principal Place of Business Mailing Address - ELSE N.W. ETTH AVENUE - 11603 SW90TERPAN 2152 N.W. 27TH AVENUE MIAMI FL 33142 -- MIAMI FL 00142-Miamil, 22 33176 11 高级与特殊人 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 65-0960733 Not Applicable Country 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 CHEN, KUI Y 11603 5 W 90 TERRACG Street Address (P.O. Box Number is Not Acceptable) -2152 N.W. 27TH AVENUE MAMI, 22 33176 -MIAMI-FL 33142-City 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, 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. PVST TITLE Change ☐ Addition ☐ Delete TITI F CHEN, KUI Y NAME NAME STREET ADDRESS 11603 S.W. 90TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Delete Change ☐ Addition TITLE TITLE CHEN, KUI Y NAME NAME 11603 S.W. 90TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 71P **MIAMI FL 33176** ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR