2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2003 8:00 am Secretary of State DOCUMENT # S54997 1. Entity Name 03-31-2003 90176 049 ***150.00 MANDARIN VILLAGE, INC. Principal Place of Business Mailing Address 801 S UNIVERSITY OR 801 S UNIVERSITY DR PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0268256 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANG, LIANG-GEN 9310 NW 32ND MANOR 3761 NIGARDEN COVE CH SUNRISE FL 33351 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME CHANG, NELSON STREET ADDRESS 9310 NW 32 MANOR STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHANG, LIAN GEN STREET ADDRESS STREET ADDRESS 9310 NW 32 MANOR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete ☐ Change Addition TITLE TITLE TD 13761 N.GARDEN NAME NAME CHANG, LIANG HSIN STREET ADDRESS STREET ADDRESS 9310 NW 32 MANOR CITY-ST-ZIP PLANTATION FL COVE CIR DAVIE A CITY-ST-ZIP Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empr

SIGNATURE:

CITY-ST-ZIP

FILED