2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # S64681 1. Entity Name U.ROTEWAI LIMBROS, INC. 02-11-2002 90036 019 ***150.00 Principal Place of Business Mailing Address 7210 NW SETH ST -7310 N.W. SETH STEEL BOOK COST MIAMI-FL 33166-MIAMI-FL 22166-7: 355 39 872/3 2. Principal Place of Business 10231 N.W. 46 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . City & State Applied For 4. FEI Number 65-0283607 Jami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIANG LIM. SOU 5498 NW 105 COURT : \\$ MAIMI-FL 33178 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 red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. 11. residen K Change ☐ Addition CR2E034 (9/01 TITLE TITLE ☐ Delete 500 Lim Thians LIM THIANG, SOU NAME NAME 46 Street 5498 NW 105 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33178-CITY-ST-ZIP Hia Mi ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LIM TENG, HONG STREET ADDRESS 10231 NW 46 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Delete TITLE **Change** ☐ Addition TITLE NAME LIM, MARISA M NAME 10231 N.W. 46 Street 5498 N.W. 105 COURT-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 22178 -CITY-ST-ZIP Addition TITLE. Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #