2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 01, 2003 8:00 am Secretary of State DOCUMENT # V06164 05-01-2003 90150 025 ***150.00 1. Entity Name BEVERLEY INTERNATIONAL, INC. Principal Place of Business Mailing Address 1320 STIRLING RD 1320 STIRLING RD #98 #9B DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0307085 Not Applicable Zip Country Country Zip \$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 Name CHANG, CHINE F Street Address (P.O. Box Number is Not Acceptable) 1320 STIRLING RD #9B DANIA FL 33004 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be 9. Election Campaign Financing 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 ☐ Change CHANG, CHINE F NAME NAME 1320 STIRLING RD #9B STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

12. Thereby 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 10 or Block 11 if

Daytime Phone #

FILED