2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # V63121** 1. Entity Name KUI'S ENTERPRISES U.S.A., INC. 04-22-2000 90125 011 ***150.00 Principal Place of Business Mailing Address PO BOX 7754 2137 51ST SW NAPLES FL 34116 NAPLES FL 34101-7754 042801 3. Mailing Address 2. Principal Place of Business _Suite, Apt..#.;etc:__-_ <u>DO NOT WRITE IN THIS SPACE</u> -- Suite, Apt. #; etc.-----Applied For 4. FEI Number City & State City & State 65-0357004 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZHANG, MICHAEL X. Street Address (P.O. Box Number is Not Acceptable) 13899 BISCAYNE BLVD SUITE 300 N MIAMI BEACH FL 33181 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 12. 11. Change Change ☐ Addition D ☐ Delete TITLE **KUI YONG QUAN** NAME NAME 5272 MAPPLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITI F Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS