FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2001 8:00 am **DOCUMENT # V27524** Secretary of State 1. Entity Name TAMPA AIRPORT HOTEL, INC. 05-12-2001 90050 033 ***150.00 Principal Place of Business Mailing Address 5303 W KENNEDY BLVD 1455 CRENSHAW BLVD TAMPA FL 33609-499 SUITE 230 US TORRANCE CA 90501 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 33-0509145 Not Applicable Zip Country Zip Country \$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 Name. CHEN, LEE-TZONG Street Address (P.O. Box Number is Not Acceptable) 5303 W KENNEDY BLVD 101 E. KENNEDY BLVD. **TAMPA FL 33609** 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. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDC ☐ Delete Change Addition TITLE TITLE LEE-TZONG, CHEN NAME NAME 29 CLEAR VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROLLING HILL ESTATES CA** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition LEE-MING, CHEN NAME NAME STREET ADDRESS 2 BLANCHARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVINE CA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE 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.