2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # J94186** 1. Entity Name L-T FOOD MARKET, INCORPORATED 01-30-2001 90032 037 ***150.00 Principal Place of Business Mailing Address % ANH TUAN LUONG 1-E BROWARD BLVD 19641 NW 7TH AVENUE SUBLUSEA NORTH MIAMI FL 33168 FORT LAUDERDALE FL 33301-1804 2. Principal Place of Business 3. Mailing Address 1E - BrowARD Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Applied For City & State City & State 4. FEI Number 59-2848601 FORT LAUDERDALE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME --LUONG, ANH TUAN Street Address (P.O. Box Number is Not Acceptable) 105 18641 NW 7TH AVENUE NORTH MIAMI FL 33168-LAUDERDALE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPS** ☐ Delete Change ☐ Addition TITLE NAME NAME LUONG, ANH TUAN STREET ADDRESS 5205 NW 67 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE ☐ Delete ☐ Change ☐ Addition NAME LUONG, NGUYET THU NAME STREET ADDRESS STREET ADDRESS 5205 NW 67 AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE ☐ Change XX Addition TITLE □ Defete LUONG, NGA THU NAME NAME 5205 NW 67 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE -☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE 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 wijh an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-T. LUONG - 1/18/01-(95

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