4/7

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-07-2001 90009 042 ***150.00

DOCUMENT # P00000043395

1. Entity Name
TOP WOK, INC.

Principal Place of Business	Mailing Address
1047 S. DILLARD ST. WINTER GARDEN FL 34787	1047 S. DILLARD ST. WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1047 . S. DILLARD ST	1047 . S. DILLARD . ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WINTERGARDEN	WINTERGARDEN FL
City & State: FL 34787	City & State: 34787
Zip / Country	Zip / Country

4. FEI Number: 59-3644829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LU, MINH TRUNG
1047 S. DILLARD ST.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name: LU MINH TRUNG
Street Address (P.O. Box Number is Not Acceptable): 1047 . S. DILLARD ST.
WINTERGARDEN
City: FL FL Zip Code: 34787

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] 04/04/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LU, MINH TRUNG		NAME	
STREET ADDRESS	5434 NOKOMIS CIR.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SAVAY, RATH THA		NAME	
STREET ADDRESS	5434 NOKOMIS CIR.		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/00)

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.

SIGNATURE: [signature] 04/04/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #