FOR PROFIT CORPORATION DOCUMENT # (2017)

FILED Mar 25, 2002 8:00 am Secretary of State

| 1. Entity Name | | | | | | | | | 03-25-2002 90102 002 ***150.00 | | | |
|--|-------------|--------------|-----------------|--|-------------------|--|--|-------------|--|-------------------|--------------------------------|--|
| CHIN | A TAST | E AT | VAND | YKE IN | K | | 1/ | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | 4%1949 | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | |
| 3967 VANDYKE RD | | | | 3. Mailing Address 3967 VAN DYKE RD | | | | | | | | |
| Suite, Apr. #, etc. # 30 | | | | Sylle, Apt. #, etc. #30 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Star | <u>. FL</u> | | | City & State LUTZ | | FL | | | FEI Number 59-3715414 | | Applied For Not Applicable | |
| 33 <i>5</i> 5 | 58 | Country U S | A | ⁷ 5355 | 8 | Country | s <u>A</u> | L | Certificate of Status Desired | Fee | 75 Additional Required | |
| # 5· | | | . " | | | | lame | 7. No | TAN | nt Registered Age | <u>int</u> | |
| DO NOT WRITE IN THIS SPACE | | | | | | | Street Address (P.O. Box Number is Not Acceptable) 4221 HARBOR LAKE DR | | | | | |
| III TIIIO OLAOL | | | | | | (| ity LUT | Z | FL Zip Coore 33.558 | | | |
| 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 finand name of raystarad ogeni and title if applicable. INOTE: Registared rights signature repaired when reinstance). | | | | | | | | | | | | |
| Tax filling requirement and elects to do so. After May 1, Amended I | | | | | | y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of State | | | 10. Election Campaign Trust Fund Contribu | · - | \$5.00 May Be Added to Fees | |
| TULE | D | OFF | ICERS AND D | RECTORS | | THE | | | | | | |
| NAME Street Address | | | | | | NAME Street at | - 1 | | | | CBSERVAR (19/01 | |
| CITY-ST-ZIP | LUTZ | FL | 33558 | | | CITY-ST- | ZP | | | <u> </u> | | |
| NAME STREET ADDRESS | | | | | | NAME STREET AS | | | | | E | |
| TITLE | | | | | | CITY-ST- TITLE | Z'P | | | | | |
| NAME STREET ADDRESS | <u> </u> | | | | | name Street at | | | DO NOT | WRITE | = | |
| TITLE | | = | <u> </u> | <u> </u> | <u> </u> | CITY-SI- TITLE | <u>∠P</u> | <u></u> | DO NOT IN THIS | | 200 | |
| NAME STREET ADDRESS CITY-ST-7/P | | | | | | NAME STREET AS CITY-ST- | 1 | | IIA I UIO | SPACE | • | |
| TITLE NAME | | | | | | TITLE NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | STREET AT | 1 | | ÷ | | | |
| TITLE. | | | , | | | THE | | | | | | |
| STREET ADDRESS City+St-2:P | | | | | | STREET AS | | | | | | |
| 13. Thereby certify that the information supplied with this filling does not quality 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 it made under oath; that I am an officer or director of the occavior or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | |
| SIGNAT | | lin T | Tag | | JIN | 7A0 |) | | 3/11/02 | (813)6 | 79-7078 | |
| | | A GNATURE | ND TYPED OR PRO | TTED HAME OF SIG | NING OFFICER OR I | DIRECTOR | | | Date | Dayt me I | Phone 7 | |