2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9200006750 1. Entity Name LITTLE TOKYO OF BRANDON TOWN CENTER, INC. 05-14-2001 90004 031 ***150.00 Principal Place of Business Mailing Address 503 BRANDON TOWN 718 SAILPISH DR 1 102U BRANDON FL 33511 LUS BRANDON FL 33511 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3152752 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registere WU, DONG J Street Address (P.O. Box Number is Not Acceptable) 14499 NORTH DALE MABRY HIGHWAY SUITE 130 GRAND PLAZA **TAMPA FL 33618** 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 gistered 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE NAME WU, DONG J NAME STREET ADDRESS STREET ADDRESS 14499 N. DALE MABRY HWY, SUITE 130 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Addition TITLE TITLE WU, YOLANDA NAME NAME STREET ADDRESS STREET ADDRESS 3309 CHEVIOT DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE TITLE WEY, CHIN L NAME NAME STREET ADDRESS 1101 E. WASHINGTON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 ☐ Change Addition Ω Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR