2001 UNIFORM BUSINESS REPORT (UBR)

ttachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P93000015890 CHINA GARDEN WEST DOWNTOWN, INC. 01-30-2001 90045 017 ***150.00 Mailing Address Principal Place of Business 531 FLEMING ST 531 FLEMING STREET KEY WEST FL 33040 KEY WEST FL 33040 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2059378 Not Applicable Country Zip Country \$8.75 Additional 5... Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMITA, KENNETH Street Address (P.O. Box Number is Not Acceptable) 833 EISENHOWER SUITE 102 KEY WEST FL-33040 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intancible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TOMITA, K. STREET ADDRESS STREET ADDRESS 833 EISENHOWER DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition □ Change ☐ Delete TIT) F TITLE NAME NAME CHENG, NGAN STREET ADDRESS STREET ADDRESS 3327 RIVIERA DR. CITY-ST-ZIP CITY-ST-ZIP KEY WEST-FL 33040~ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED