	11	AM	<i>len</i>	<u>dment</u>	- <i>//</i>								
2001 U	NIF	DRM	BUSI	NESS RE	PO	RT (UB	R)						
DOCUMENT # P94 000055692 1. Entity Name													
HO	T	KON	ST LA	INC		FILED							
Principal Place of Bu	sea	5 Hwy	Mailing Address 91200 Overseas Hwy.				01 SEP -6 PM 2: 58						
Taverni	-L	33070	Tavernier, FL 33070				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of		, ,	3. Mailing Address										
Suite, Apt. #, etc.				Same as above Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEI Number 650544202 Applied For Not Applicable					7
· Zip	C	ountry		Zip		Country	5.	Certificate of Status		П \$	8.75 Add		1
6. 1	Name and	Address	s of Current R	egistered Agent			7.	Name and Address	of New Red		ee Require	0	-
**********	m	: n :	eng	Name	Tiv	Sain		, / .			1		
128 Lorelane place							ddress (P.O.	Box Number is Not	Acceptable)	neu	<u> </u>		1
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*KeY	Lav	909	FL	3303	2./	City	Tav	ernier		FL	Zip Code	33070	,]
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.													
- Resident 9-31-01													
Signature. Typed or printed name of registered agent and the in application (NOTE: Registered Agent signature required when reinstating) DATE													}
9 This corporation i				Ame	የ አ ሱ	zent		1					-
 This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. 				FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.0				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
(See criteria on back)				Make Check Payable to Department of State				irust Fund t	contribution.		Added	to Fees	
11.			ICERS AND D			12.		DDITIONS/CHANGE	S TO OFFIC	ERS AND D	DIRECTORS	S IN 11	1_
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200004594502---7 -09/17/01--01078--027 *****61.25 *****61.25 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 the 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 expowered.

SIGNATURE:

305 - 952 - 850

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

305-852-8508

☐ Change

☐ Addition