

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060976

1. Entity Name
LITTLE TOKYO OF SUPERMALL, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90011 010 ***550.00

CU071691



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1101 SUPER MALL WAY SUPER MALL STE 1028FC10 AUBURN WA 98001 US		Mailing Address 3611 W HILLSBOROUGH AVE SUITE 218 TAMPA FL 33614 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>C/O WATHEN</i> <i>11804 N. 56TH ST.</i> Suite, Apt. #, etc.	
City & State		City & State <i>TAMPA, FL</i>	
Zip	Country	Zip	Country
		<i>33617</i>	<i>USA</i>

4. FEI Number 59-3330089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <i>WU, DONG J Wu Tung Hui</i> 3903 NORTHDAL BLVD SUITE #150 E TAMPA FL 33624 <i>3421 N LAKEVIEW DR</i> <i>TAMPA FL 33618</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3421 NORTH LAKEVIEW DR.</i> City <i>TAMPA</i> FL Zip Code <i>33618</i>	
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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]* DATE *6/15/01*

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 Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>WU, DONG J</i> 3903 NORTHDAL BLVD, SUITE #150E <i>TAMPA FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3421 NORTH LAKEVIEW DR.</i> <i>TAMPA, FL 33618</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>S</i> <i>WU, YOLANDA</i> 3903 NORTHDAL BLVD, SUITE #150E <i>TAMPA FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>3421 NORTH LAKEVIEW DR.</i> <i>TAMPA, FL 33618</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* / *6-13-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)