2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State **DOCUMENT#** P95000060976 1. Entity Name 07-30-2002 90384 007 ***550.00 LITTLE TOKYO OF SUPERMALL, INC. Principal Place of Business Mailing Address 1101 SUPER MALL WAY % WATHEN SUPER MALL STE 1028FC10 11804 N 56TH STREET AUBURN WA 98001 TAMPA FL 33617 UŞ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3330089 Zip 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 WU, TUNG HUI 3421 NORTH LAKEVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** City Zip Code 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE WU. DONG J NAME ☐ Change ☐ Addition NAME STREET ADDRESS 3421 NORTH LAKEVIEW DRIVE STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME WU, YOLANDA Change ☐ Addition NAME STREET ADDRESS 3421 NORTH LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP TITLE Delete TITLE NAME Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS 20. G. . . 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (4/02)

FILED