

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90402 033 ***150.00

DOCUMENT # P95000097707

1. Entity Name

LITTLE TOKYO MANAGEMENT, INC.

Principal Place of Business

**3903 NORTHDAL BLVD
150E
TAMPA FL 33624
US**

Mailing Address

**3903 NORTHDAL BLVD
150E
TAMPA FL 33624
US****00054268**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3421 N. Lakeview Dr

3. Mailing Address

3421 N. Lakeview Dr

Suite, Apt. #, etc.

Suite #168

City & State

Tampa FL

Zip

33618

Country

U.S.A.

Suite, Apt. #, etc.

Suite #168

City & State

Tampa, FL

Zip

33618

Country

U.S.A.

4. FEI Number

59-3395348

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUANG, CHEN-DEI**3903 NORTHDAL BLVD
150E
TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

3421 N. Lakeview Drive**Suite #168**

City

Tampa**FL**

Zip Code

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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WU, DAVID**
CITY-ST-ZIP **3903 NORTHDAL BLVD, #150E
TAMPA FL 33624**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3421 N Lakeview Dr Suite #168**
CITY-ST-ZIP **Tampa FL 33618**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)