2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Jan 31, 2001 8:00 am DOCUMENT # **P96000050884 Secretary of State** BIG EASY CAJUN - MAYFAIR MALL, INC. 01-31-2001 90261 032 ***150.00 Principal Place of Business Mailing Address 9446 PHILLIPS HWY. 9446 PHILLIPS HWY. **SUITE B** SUITE 8 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 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 59-3385157 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name yen, kung-po Strong Appliess (P.O. Box Number is Not Acceptable) 7411 FULLERTON ST., STE.204 JACKSONVILLE FL 32202 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. nt and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F Addition CR2E034 (10/00 ☐ Delete Change NAME NAME YEN, KUNG-PO 9446 Philips Hwy #8 STREET ADDRESS STREET ADDRESS 7411 FULLERTON ST., STE. 204 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 □ Delete TITLE Change Ch TITLE DVST NAME NAME YEN, KUNG-TI 9446 Philips Hwy #8 STREET ADDRESS STREET ADDRESS 7411 FULLERTON ST., SUITE 204 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 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.

KUNG-PO YEN

PRESIDENT

RINTED NAME OF SIGNING OFFICER OR DIRECTOR