2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am DOCUMENT # P96 000053919 Secretary of State 1. Entity Name Oriental Foods & Gifts, Inc. 05-30-2001 90034 018 ***150.00 Principal Place of Business 1531 S. Dale Mabry Huy 1531 S. Dal Mabry Hwy Tanpa FL 33629 Tampa FL 33629 2. Principal Place of Business 3. Mailing Address 113 S. MccDill Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3388336 Not Applicable Tampa \$8.75 Additional Zip Country 5. Certificate of Status Desired 33609 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Park, Youn J. 1531 South Dale Mabry Hry Street Address (P.O. Box Number is Not Acceptable) Tampa FL 33629 Zip Code City 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 : (NOTI : Registered Agent signature required when reinstating) AVE BY COMMITTEE TO SHARE THE PARTY OF THE P 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. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE Park, your J. NAME S. Dale Mahry HWY STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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 eddress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME STREET ADDRESS

☐ Delete

FILED

AHachment

KI H. CHOI, C.P.A., P.A.

AICPA Membership FICPA Membership 113 South MacDill Avenue, Suite # B, Tampa, FL 33609

M.S. in Taxation
M.A.S. in Accountancy

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May 23, 2001

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: ORIENTAL FOODS & GIFTS, INC.

Annual Report #:P96000053919

2001

Dear Ladies and gentlemen:

The above captioned taxpayer asked me to have this letter be written to you along with the enclosed form of annual report and a check of \$ 150.00.

Mrs. Yoon J. Park, the owner of the business told me that she did not receive the annual report form and she wanted me to send the signed form from the blank form along with the annual fee.

Inasmuch as, the taxpayer never received the form before, we are respectfully requesting you to vitiate any possible penalty.

Also, in order to prevent the possible mailing error, please change the address as indicated in the form.

We thank you very much for your consideration in this matter and please feel free to call me should you have any questions in this matter.

Very truly yours,

Ki H. Choi

Enclosure

CC: Oriental Foods & Gifts