FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P96000079882 1. Entity Name CAJUN CAFE VOLUSIA, INC. 04-24-2001 90339 050 ***150.00 Principal Place of Business Mailing Address 1700 W INTERNATIONAL SPEEDWAY BLVD 1221 E ROBINSON ST **SPACE # 140** ORLANDO FL 32801 DAYTONA BEACH FL 32114 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 59-3402141 Not Applicable Zip Country Zio 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 Name FONG, MARGARET Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON ST ORLANDO FL 32801 City Zip Code Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DΡ R2E034 (10/00) TITLE Delete TITLE LIU, CHENG M NAME NAME Tran, Hien 8009 LANDIGROVE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ۷P TITLE Delete TITLE ☐ Change KWOK, KWANLW NAME NAME STREET ADDRESS 1221 E-ROBINSON ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP VP Delete TITLE THACH, NAM-NAME STREET ADDRESS 1221 F. ROBINSON ST. STREET ADDRESS CITY-ST-ZIP ØRLANDO FL 32801 CITY-ST-ZIP Orlando, FL 32BO TITLE D. Beleir TITLE ☐ Change ☐ Addition HUYNH, KHMAU NAME NAME STREET ADDRESS 1221 E. ROBINSON ST. STREET ADDRESS CITY-ST-ZIP **Ø**RLANDO FL CITY-ST-7IP TITLE TITLE Change ☐ Addition LIU, TUN M NAME NAME 1221 FOBINSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IE orlándo fl 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.