FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 19, 2001 8:00 am **DOCUMENT # P97000068328** Secretary of State BAMBOO HOUSE RESTAURANT, INC. 03-19-2001 90024 032 ***150.00 Mailing Address Principal Place of Business 614 CENTRE STREET 614 CENTRE STREET UUULU FERNANDINA BCH FL 32034 FERNANDINA BCH FL 32034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3476166 Not Applicable \$8.75 Additional Ζip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WONG, KENNEY C Street Address (P.O. Box Number is Not Acceptable) **614 CENTRE STREET** FERNANDINA BCH FL 32034 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE WONG, KENNEY C NAME NAME STREET ADDRESS **614 CENTRE STREET** STREET ADDRESS FERNANDINA BCH FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE WONG, LORETTEA T NAME NAME STREET ADDRESS STREET ADDRESS 614 CENTRE STREET CITY-ST-ZIP FERNANDINA BCH FL 32034 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE _ 🔲 , Delete _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

MINTED NAME OF SIGNING OFFICEA OR DIRECTOR

WONE 3-16-0 904 261-0508

☐ Delete

☐ Defete

Change

Addition