CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am Secretary of State P98000042814 **DOCUMENT #** 1. Entity Name HOA-LAN FOOD, INC. 04-09-2002 90038 042 ***150.00 Principal Place of Business Mailing Address 450 34 ST N. 450 34 ST N. **ST PETE FL 33713 ST PETE FL 33713** 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 59-3541239 Not Applicable Zip Country 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 PHAN. HOA VAN Street Address (P.O. Box Number is Not Acceptable) 450 34TH STREET NORTH ST. PETERSBURG FL 33713 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 SIGNATURE Signature, typed or printed name of registered agent 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, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE PD ☐ Addition TITLE ☐ Change NAME PHAN, HOA VAN NAME 450 34 ST N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETE FL 33713 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Addition ☐ Change NAME PHAN, LAN THI NAME STREET ADDRESS 450 34 ST N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33713 TITLE Delete TITLE ____Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-7IP 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 in changed, or on an attachment with an address, with all other like empowered.