## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2001 8:00 am Secretary of State DOCUMENT # P98000046948 1. Entity Name LUONG'S LAUNDRY INC. 03-23-2001 90017 011 \*\*\*150.00 Principal Place of Business Mailing Address 5205 NW 67TH AVE 5205 NW 67TH AVE LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address AVE 5209 5200 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Ast. #, etc.

Applied For 4. FEI Number City & State City & State 65-0846631 Not Applicable AUDORHI \$8.75 Additional 5. Certificate of Status Desired BROWAR Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUONG, VIET Street Address (P.O. Box Number is Not Acceptable) 5205 NW 67TH AVE LAUDERHILL FL 33319 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 DATE (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. LUONG, mINH PTD TITLE TITLE 5209 NW 67 AVE NAME NAME LUONG, ANH TUAN STREET ADDRESS STREET ADDRESS 5205 NW 67TH AVE 33319 LAUDERANU CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Addition ☐ Delete TITLE vs D VSD TITLE NAME LUONG, VIET NAME UUNG STREET ADDRESS STREET ADDRESS 5205 NW 67TH AVE CITY-ST-ZIP CITY-ST-7IP LAUDERHILL FL 33319 ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 generality empowered.

SIGNING OFFICER OR DIRECT

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O