

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90136 026 \*\*\*150.00

**DOCUMENT # P99000004274**

1. Entity Name  
**LITTLE TOKYO OF CITRUS PARK, INC.**



Principal Place of Business  
**8017 CITRUS PARK TOWN CENTER  
STE 2010  
TAMPA FL 33625**

Mailing Address  
**8017 CITRUS PARK TOWN CENTER  
STE 2010  
TAMPA FL 33625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3551798**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHAM-DIEP, TRUNG Q  
8017 CITRUS PARK TOWN CENTER  
# 2010  
TAMPA FL 33625**

Name  
**Michel Pham-Diep**  
Street Address (P.O. Box Number is Not Acceptable)  
**8017 Citrus Park Town Center #2010**  
City **Tampa** FL Zip Code **33625**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PHAM-DIEP, TRUNG Q**  
STREET ADDRESS **8017 CITRUS PARK TOWN CENTER #2010**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **P** ☒ Change ☐ Addition  
NAME **Pham-Diep, Michel**  
STREET ADDRESS **8017 Citrus Park Town Center #2010**  
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **VP** ☐ Delete  
NAME **IEIM, WON**  
STREET ADDRESS **1731 GLEN LAKE BLVD**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michel Pham-Diep** **2-1-03** **813-926-1573**  
Date Daytime Phone #

CR2E034 (10/02)