2001 UNIFORM BUSINESS REPORT (UBR)

May 30, 2001 8:00 am Secretary of State **DOCUMENT #** P99000015402 1. Entity Name 05-30-2001 90025 014 ***150.00 L & B RESTAURANT, INC. Principal Place of Business Mailing Address 2367 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 AD071635 2. Principal Place of Business 3. Mailing Address 11471 W, SAMPLE ROAD,#41 Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE CORAL SPRINGS, FL City & State City & State 4. FEI Number Applied For 65-0898160 33065 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEW TANG 2367 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Zip Code 33065 coral springs 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. FILE NOWILLELE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be CHEARS MAY 1-2001 Fee will be \$550.00 10. Election Campaign Financing 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 2. 11 X Change ☐ Delete TITLE JAME NAME KEW TANG STREET ADDRESS 11471 W. SAMPLE ROAD, #41 STREET ADDRESS 2367 UNIVERSITY DRIVE CITY-SI-ZH CITY-51-7IP CORAL SPRINGS, FL 33065 Addition Change Delete TITLE NAME MÆ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Addition Change Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY+ST-2IP ☐ Change ☐ Addition ☐ Delete TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZAP C11 Y - S1 - Z1P ☐ Change Addition TITLE 17 F Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY: ST-ZIP E C(1) Y - S1 - 71P TITLE 19. JUL 1 mu: ५.७५ द ☐ Change (1) ☐ Addition .. (NAME: \$400 .C-17. ं हैं, इसक्ट 1,'एं e STREET ADDRESS STREET ADDRESS <u> zo a la la come de la come de la come</u> CITY-SI, ZIP,LIII CITY: ST-ZIP 13. Thereby 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 it 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED