7 · 😘 Imended 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000076140 1. Entity Name ALOHA TERIYAKI, INC. JUN 16 PM 2:31 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 1221 EAST ROBINSON STREET 1221 EAST ROBINSON STREET ORLANDO FL 32801-2115 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 666 Wymore Road 666 Wymore Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Park Applied For FL City & State Park Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 32784 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 EAST ROBINSON STREET ORLANDO FL 32801 103 (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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be M. After MAY 1, 2000 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. Change & Addition **⊠** Delete TITLE TITLE KIM. MAN YOUNG NAME NAME STREET ADDRESS 410 SONGBIRD WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete TITLE TITLE Kim NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAM^C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP *****61.25 CVY-ST-ZIP Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 office of 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR DIRECTOR