2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$50668 Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** HO KOW RESTAURANT, INC. 02-14-2000 90017 041 ***150.00 Principal Place of Business Mailing Address 2454 W. 60 ST. 2454 W. 60 ST. HIALEAH FL 33016 HIALEAH FL 33016-4408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0263686 Not Applicable Zip Country -Zip --- : -- --Country _ \$8.75 Additional 5. Certificate of Status Desired --- Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tian TAIN WU, MAO Street Address (P.O. Box Number is Not Acceptable) 18230 NW 2 AVE MIAMI FL 33169 Zin Code City 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 nt 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE MAO, TIAN WU NAME NAME **8748 NW 109 TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE HIALEAH GARDENS FL ☐ Addition ☐ Change TIT1 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZÎP CITY-ST-ZIP+ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR