2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576547

1. Entity Name FORTUNE INTERNATIONAL, INC. Principal Place of Business Mailing Address 5121 HAWKHURST AVE 5121 HAWKHURST AVE T LAUDERDALE FL 33331 FT LAUDERDALE FL 33331-2814

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90152 004 ***150.00

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. F	4. FEI Number 59-2149062		Applied For Not Applicable	
Zip	Country	Zip	Country	. 5. C		\$8.75 Add		
	6. Name and Address of Current Ro	egistered Agent		7. N	lame and Address of New Registered	gent		
			Name					
TSE.	TSE, FRANKLIN K.			Street Address (P.O. Box Number is Not Acceptable)				
	HAWKHURST AVE		Street Address (F.O. Box Nothber is Not Acceptable)					
FT L	AUDERDALE FL 33331							
	∵		- Cit :			Tio Cod		
			City		FL	Zip Cod	J.	
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered agent and tale if applicable.) Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!!! File (NOTE: Registered agent and tale if applicable.) FILE NOW!! File (NOTE: Registere			Fee will be \$550.0	10	10. Election Campaign Financing Trust Fund Contribution.		0 May Be	
11.	OFFICERS AND D	<u> </u>	12.		L	DIBECTOR	S INI 11	
	PD OF LICERS AND D	Delete	TITLE		BITIONS/OFFANGES TO OFF TOETHO AND	☐ Change	Addition	
title Name	TSE, FRANKLIN K.	L_1 Delete	NAME			☐ Change	Addition	
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-\$T-ZIP					
TITLE	VSD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	TSE, GRACE W.	C Doloio	NAME					
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	للميلي ما ما يار المحد	_CITY-ST-ZIP		-	. سيس		
TITLE .	VD	☐ Delete	TITLE			Change	☐ Addition	
NAMĖ	TSE, STEPHEN Y.	•	NAME					
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	·	CITY-ST-ZIP					
TITLE	VD_	☐ Delete	TITLE			Change	☐ Addition	
NAME	TSE, DAVID T.		NAME					
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL	·	CITY-ST-ZIP					
TITLE	VTD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	CHOW, JUDY TSE		NAME					
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			Change	☐ Addition	
NAME	TSE, JENNIFER A		NAME					
STREET ADDRESS	5121 HAWKHURST AVE		STREET ADDRESS					
CITY_ST_7/D	CT I AUDEDDALE EL		CITY-ST-7IP					

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

SIGNATURE: