

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90369 045 ****61.25

DOCUMENT # N97000002700
 1. Entity Name
U.S. PAN ASIA CHAMBER OF COMMERCE, INC.

Principal Place of Business 315 E ROBINSON STREET STE 600 ORLANDO FL 32801	Mailing Address PO BOX 965 ORLANDO FL 32802-0965
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3445264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CHAY, AGNES M
315 E ROBINSON STREET STE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **A.G.C. Co.**
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.
Suite 2300
 City **Orlando** **FL** Zip Code **32801**

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.
A.G.C. Co.
 By: *[Signature]* **4/27/01**
 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE
Richard T. Fulton *VP Pres*

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State
**please see additional page attached*

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ESCANO, RONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	5650 BAYSIDE DR. #301	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	VPD MJUEH, MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7712 HIDDEN IVY COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	VPD KIANG, SUE	<input type="checkbox"/> Delete
STREET ADDRESS	5650 BAYSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	VPD THUY, LE T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5650 BAYSIDE DR. #302	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	TD LIANG, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	1226 E COLONIAL DR #B	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Asian, Mary	
CITY-ST-ZIP	96 Nancy Lee Avenue Orlando, Florida 32807	
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Escano, Ronnie	
CITY-ST-ZIP	69 East Pine Street Orlando, Florida 32801	
TITLE NAME	Director, Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Bowley, Tanya	
CITY-ST-ZIP	1111 W. Stetson Street Orlando, Florida 32804	
TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Chau, Ninh	
CITY-ST-ZIP	P.O. Box 536448 Orlando, Florida 32853	
TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Chau, Agnes	
CITY-ST-ZIP	315 E. Robinson Street, Suite 600 Orlando, Florida 32801	
TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Chen, Gloria	
CITY-ST-ZIP	P.O. Box 451372 Kissimmee, Florida 34745	

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 617, 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]* **PRESIDENT** **4/26/01** **407-649-4029**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
971102
HN9700000200

Additions/Changes to Officers and Directors in 10 (continued)

TITLE: Director, President
NAME: Lee, Robert
STREET ADDRESS: P.O. Box 112
CITY - ST - ZIP: Orlando, Florida 32802

Change
Addition xxxxxxxx

TITLE: Director
NAME: Liu, Frank
STREET ADDRESS: 13744 Crystal River Drive
CITY - ST - ZIP: Orlando, Florida 32828

Change
Addition xxxxxxxx

TITLE: Director
NAME: Pang, Winnie
STREET ADDRESS: 1225 E. Colonial Drive
CITY - ST - ZIP: Orlando, Florida 32803

Change
Addition xxxxxxxx

TITLE: Director
NAME: Qui, Charles
STREET ADDRESS: 7873 Andrews Circle
CITY - ST - ZIP: Orlando, Florida 32835

Change
Addition xxxxxxxx

TITLE: Director
NAME: Tran, Rosanna
STREET ADDRESS: 11136 Satellite Road
CITY - ST - ZIP: Orlando, Florida 32837

Change
Addition xxxxxxxx

TITLE: Director
NAME: Wong, Wey Wey
STREET ADDRESS: 238 N. Westmonte Dr., Suite 100
CITY - ST - ZIP: Altamonte Springs, Florida 32714

Change
Addition xxxxxxxx