

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 001 ***150.00

DOCUMENT # P99000067670

1. Entity Name

CAMBO RESTAURANT EQUIPMENT, INC.

Principal Place of Business

~~1221 EAST ROBINSON STREET
 ORLANDO FL 32801~~

Mailing Address

~~1221 EAST ROBINSON STREET
 ORLANDO FL 32801-2115~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1821 E. Colonial Drive

Suite, Apt. #, etc.

1821 E. Colonial Dr.

City & State

Orlando, Florida

City & State

Orlando, FL

Zip

32803

Country

Zip

32803

Country

4. FEI Number

59-3590383

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FONG, DAVID
 1221 EAST ROBINSON STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/01/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-----------|-------------------------|----------------------------------|-------------------------|-------------------------------------|
| P | CHAN, CATHERINE | 1221 EAST ROBINSON STREET | ORLANDO FL 32801 | <input checked="" type="checkbox"/> |
| VP | VAN TANG, THOUNG | 1221 EAST ROBINSON STREET | ORLANDO FL 32801 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|------------|-------------------------|---------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| P/D | Tang, Thoung Van | 8355 Diamond Cove Circle | Orlando, FL 32836 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | Tang, Matthew | 8355 Diamond Cove Circle | Orlando, FL 32836 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00

Date

Daytime Phone #