

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90077 017 ***150.00

DOCUMENT # S25192

1. Entity Name

CHINA CHAO, INC.

Principal Place of Business

362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

Mailing Address

362 COMMERCE WAY
STE 116
LONGWOOD FL 32750
US

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 59-3047277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

SUITE 425

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIANO, BIAGIO 872 CRESTON DR MAITLAND FL 32751	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS LEHMAN, KEITH 502 RIVIERA DR ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MELVIN, SALLI A 1700.SMOKETREE.CIRCLE APOPKA FL 32712	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR BIAGIO SCHIANO 872 CRESTON DR. MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LUONG MOC TRAN 8143 MORITZ COURT ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CATHERINE I. KASHIUS 2521 EKANA DR. OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CELINA P. ROE 1202 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

(407) 830-5338

Daytime Phone #

CR2E034 (10/00)