

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685820

1. Entity Name

WU ENTERPRISES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90046 021 ***150.00

Principal Place of Business

Mailing Address

9188 INTERNATIONAL DRIVE
ORLANDO FL 32819

9188 INTERNATIONAL DRIVE
ORLANDO FL 32819-8112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRAGUE, MARTIN M.
545 N. PARK AVENUE.
WINTER PARK FL 32789-8913

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

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, 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
STD
WU, JOHN
8186 LAKE SERENE DR
ORLANDO FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHEN, TZOW-CHYI
11400 WESTWOOD BLVD
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHEN, JIIN-JIAU WU
11400 WESTWOOD BLVD
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WU, HWEI-JEN WANG
8186 LAKE SERENE DR
ORLANDO FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LIN, CHIN-HWA WU
11412 WESTWOOD BLVD
ORLANDO FL 32821 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WU, YEH-HSIEN
3951 MCKINNON RD
WINDERMERE FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2047002

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**