

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098881

1. Entity Name

WILLOWBANK FLORIDA, INC.

Principal Place of Business

1515 N. FEDERAL HWY, S-300  
BOCA RATON, FL 33432

Mailing Address

1515 N. FEDERAL HWY,  
S-300  
BOCA RATON, FL 33432

2. Principal Place of Business

1515 N. FEDERAL HWY

3. Mailing Address

1515 N. FEDERAL HWY

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

BOCA RATON, FL

City & State

BOCA RATON

4. FEI Number

65-0904353

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TIAN, LARISSA

1515 N. FEDERAL HWY, S-300  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

SAME

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

SAME

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

*Larissa Tian*

LARISSA TIAN, PRESIDENT

3/15/00

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 PD ☐ Delete  
NAME TIAN, LARISSA  
STREET ADDRESS 1515 N. Federal Hwy, S-300  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE VP, S ☐ Delete  
NAME TSAY, VICTOR  
STREET ADDRESS 1515 N. Federal Hwy, S-300  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VICE - PRESIDENT, SECRETARY ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

*Larissa Tian*

LARISSA TIAN, PRESIDENT

3/15/00

(561) 596-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)