## 0116875 AV

## FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90267 001 \*\*\*476.25

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49496

1. Entity Name



Zip Country Zip Country 5. Certificate of Status Desired \$8.755 Addition    6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    YU, CYNTHIA C/O MARCO POLO, COLUMBUS & FERRARI, INC. 9101 S.R. \$35, SUITE 300    ORLANDO FI. 32836				WE TE			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Griy & State   Suite, Apt. #, etc.   Griy & State   Suite, Apt. #, etc.   Griy & State   A. FEI Number Sp. 9.177987   Appli	P.O. BOX 22887 P.O. BOX 22887		P.O. BOX 22887		7 	HOW BLOCK DAME BLOCK DOWN 1881	
City & State  Country  Country  Country  Country  Country  State  Country  Country  State  City  Sta	2. Principal Place of Business 3. Mailing A		3. Mailing Address		- 		
Zip Country Zip Country 5. Certificate of Status Desired  \$3.75 Addition	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YU, CYNTHIA C/O MARCO POLO, COLUMBUS & FERRARI, INC. 9101 S.R. 535, SUITE 300 ORLANDO FL 32836 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. I am familiar with, and the obligations of registered agent.  SIGNATURE Signature typed or printed earns of inguistered agent and title of sopilization.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIREET ADDRESS CITY-S1-ZP LAKE BUENA VISTA FL 32830 Delete 110. OBelete 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIREET ADDRESS CITY-S1-ZP LAKE BUENA VISTA FL 32830 Delete 110. Delete 110. NAME SIREET ADDRESS CITY-S1-ZP LAKE BUENA VISTA FL 32830 Delete 110. Delete 110. NAME SIREET ADDRESS CITY-S1-ZP 111. SIREET ADDRESS CITY-S1-ZP 111. NAME SIREET ADDRESS CITY-S1-ZP 111. NAME SIREET ADDRESS CITY-S1-ZP 111. SIREET ADDRESS CITY-S1-ZP 111. NAME SIREET ADDRESS CITY-S1-ZP 111. SIREET ADDRESS CITY-S1-ZP 112. SIREET ADDRESS CITY-S1-ZP 113. SIREET ADDRESS CITY-S1-ZP 114. SIREET ADDRESS CITY-S1-ZP 115. SIREET ADDRESS CITY-S1-ZP 115. SIREET ADDRESS CITY-S1-ZP 116. SIREET ADDRESS CITY-S1-ZP 117. SIREET ADDRESS CITY-S1-ZP 117. SIREET ADDRESS CITY-S1-ZP 118.	City & State		City & State		4. FEI Number 59-3177987	Applied For Not Applicable	
YU, CYNTHIA C/O MARCO POLO, COLUMBUS & FERRARI, INC. 9101 S.R. 535, SUITE 300 ORLANDO FL 32836  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. I am familiar with, and the obligations of registered agent.  SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME YING, NELSON STREET ADDRESS OFFICERS AND VISTA FL 32830  TITLE NAME YING, NELSON JR. SIRET ADDRESS OTH ST. Zip TITLE NAME SIRET ADDRESS OTH ST. Zip SIRET ADDRESS OTH ST. Zip TITLE NAME SIRET ADDRESS OTH ST. Zip	Zip	Country	Zip Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
YU, CYNTHIA C/O MARCO POLO, COLUMBUS & FERRARI, INC. 9101 S.R. 535, SUITE 300 ORLANDO FL 32836  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE Signature, byped or printed name of registered agent and site if applicable. (MOTE: Registered Agent signature required when releastance)  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME VAS VING, NELSON P.O. BOX 22887 LAKE BUENA VISTA FL 32830  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CI		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
YU, CYNTHIA C/O MARCO POLO, COLUMBUS & FERRARI, INC. 9101 S.R. 535, SUITE 300 ORLANDO FL 32836  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE Signature, byped or printed name of registered agent and site if applicable. (MOTE: Registered Agent signature required when releastance)  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME VAS VING, NELSON P.O. BOX 22887 LAKE BUENA VISTA FL 32830  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CI				<del></del>	<del></del>		
P101 S.R. 535, SUITE 300 ORLANDO FL 32836  City  City  FL  Zip Code  City  City  FL  Zip Code  City  C				Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	9101 S.R.	535, SUITE 300	., 1110.				
TILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>		<u> </u>	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE DYING, NELSON P.O. BOX 22887 CITY-ST-ZIP LAKE BUENA VISTA FL 32830  TITLE VAS CITY-ST-ZIP LAKE BUENA VISTA FL 32830  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKE BUENA VISTA FL 32830  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligations of registered agent.  SIGNATURE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				Trust Fund Contribution.		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS 11.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	YING, NELSON P.O. BOX 22887	NAM STR	ME EET ADDRESS		☐ Change ☐ Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	YING, NELSON JR.  P.O. BOX 22887	NAM Stri	ME EET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		NAM STRI	AE EET ADDRESS		☐ Change ☐ Addition	
	NAME STREET ADDRESS		NAN STRI	AE EET ADDRESS		☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS		NAM STRI	AE EET ADDRESS		☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  12   hereby continuits that the information supplied with this filing does not qualify for the expension stated in Section 119 07/2VI). Florida Statutes I further sortify that the information supplied with this filing does not qualify for the expension stated in Section 119 07/2VI). Florida Statutes I further sortify that the information supplied with this filing does not qualify for the expension stated in Section 119 07/2VI). Florida Statutes I further sortify that the information supplied with this filing does not qualify for the expension stated in Section 119 07/2VII). Florida Statutes I further sortify that the information supplied with this filing does not qualify for the expension stated in Section 119 07/2VIII.	NAME STREET ADDRESS CITY-ST-ZIP		NAM Stre City	ME EET ADDRESS (-ST-ZIP			

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNALIZE REQUERED

SIGNATURE AND TYPED OF A PRINCIPLE OF DIRECTOR

4/1/03

Daytime Phone #

CR2E034 (1