2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # F05324

1. Entity Name

CALIWAN, INC.

Principal Place of Business

SIGNATURE:

ORLANDO FL 32917		11731 E COLONIAL DR ORLANDO FL 32817-4610 3. Mailing Address Suite, Apt. #, etc.								
						DO NOT WRITE IN THIS SPACE				
					\dashv					
City & State		City & State	City & State		4. F	4. FEI Number 59-2043430			Applied For Not Applicable	
Zip	Country	Zip Co.		ry	5. 0	Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>	<u> </u>	7. N	lame and Address of New Regis				ŀ
				Name						
1173	N, HSI-CHING 1 E. COLONIAL DR.				Street Address (P.O. Box Number is Not Acceptable)					
OKL	NDO FL 32817				•		FL	Zip Code		
								L		
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or regis	stered age	ent, or both, in the State of Florida	ì.		•	
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature requ	ired when rei	instating)	DATE			
		-							-	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Finance Trust Fund Contribution.	ing 📙		0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ΑĎ	DITIONS/CHANGES TO OFFICE	RS AND E	PIRECTORS	3 IN 11	١.
TITLE	PD	☐ Delete	TITLE		,		[Change	☐ Addition	Ç
NAME	CHEN, HSI-CHING		NAM							1
STREET ADDRESS	2537 BAYFRONT PARKWAY		•	ET ADDRESS						٤
CITY-ST-ZIP	ORLANDO, FL 3			ST-ZIP						Š
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NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2000 8:00 am Secretary of State 04-26-2000 90058 050 ***150.00