

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90012 003 ***558.75

DOCUMENT # F98000001201

1. Entity Name

KANDO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1625 OVIEDO MARKET PLACE BLVD.
 OVIEDO FL 32765

1625 OVIEDO MARKET PLACE BLVD.
 OVIEDO FL 32765

2. Principal Place of Business

1625 Oviedo Marketplace Blvd.

3. Mailing Address

1625 Oviedo Marketplace Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Blvd.

1

DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1437176

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, ANDREW
210 LYNN ST
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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

PRESIDENT

7/25/01

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

TITLE **PS** ☐ Delete
 NAME **NGUYEN, ANDREW**
 STREET ADDRESS **210 LYNN ST**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VP** ☐ Delete
 NAME **NGUYEN, OANN T**
 STREET ADDRESS **210 LYNN ST**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW NGUYEN

7/25/01

Date

407-538-3043

Daytime Phone #

CR2E034 (10/00)