

# 2001 UNIFORM BUSINESS REPORT (UBR)

03-29-2002 91406 018 \*\*\*550.00

FILED

02 APR 25 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

010317 AV

DOCUMENT # **K54000**

1. Entity Name  
**ISSE SONG, P.A.**

Principal Place of Business  
**639 MULBERRY AVE  
CELEBRATION FL 34747  
US**

Mailing Address  
**639 MULBERRY AVE  
CELEBRATION FL 34747  
US**



2. Principal Place of Business  
**12638 Winfield Scott Blvd**

3. Mailing Address  
**12638 Winfield Scott Blvd**

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number  
**65-0091740**

Applied For  
☐ Not Applicable

Zip  
**32837**

Zip  
**32837**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SONG, ISSE I-CHENG  
639 MULBERRY AVE  
CELEBRATION FL 34747**

## 7. Name and Address of New Registered Agent

Name  
**SONG, ISSE I.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12638 Winfield Scott Blvd**  
City  
**Orlando FL** Zip Code  
**32837**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-15-02**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
**P**  
NAME  
**SONG, ISSE I-CHENG**  
STREET ADDRESS  
**639 MULBERRY AVE**  
CITY-ST-ZIP  
**CELEBRATION FL 34747**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-02**

000005393480-04/30/02-01060-023

\*\*\*\*350.00\*\*\*\*350.00

**PRU/25**