

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013239

1. Entity Name
LAW OFFICES OF CHUN-TE WU, P.L.

Principal Place of Business
2114 HILLCREST ST
SUITE A
ORLANDO FL 32803

Mailing Address
2114 HILLCREST ST
SUITE A
ORLANDO FL 32803

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

6. Name and Address of Current Registered Agent
WU, CHUN-TE ESQ
2114 HILLCREST ST
SUITE A
ORLANDO FL 32803

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WU, CHUN-TE ESQ 2114 HILLCREST ST SUITE A ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHUN-TE WU **SIGNATURE REQUIRED** 4-2-02 (407) 898-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90160 042 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)