

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03029

1. Entity Name

TE-CHU DEVELOPMENT COMPANY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90076 040 ***150.00

Principal Place of Business

4733 W. JAW BROWSONW
4733 W IRLO BRONSON HWY
KISSIMMEE FL 34746
US

Mailing Address

C/O MONTE CARLO MOTEL
4733 W IRLO BRONSON HWY
KISSIMMEE FL 34746-5328

2. Principal Place of Business

4810 W Irlo Bronson Hwy.
Suite, Apt. #, etc.

3. Mailing Address

4810 W Irlo Bronson Hwy.
Suite, Apt. #, etc.

City & State

Kissimmee, FL ~~34746~~

City & State

Kissimmee, FL

Zip

34746

Country

USA

Zip

34746

Country

USA

4. FEI Number

59-2959422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEABREEZE BOOKKEEPING TAX SERVICE
101 SEABREEZE BLVD.
SUITE 108
DAYTONA BCH FL 32118

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHEN, TE-CHU 4733 W IRLO BRONSON KISSIMMEE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHEN, Yu-Ling 4810 W Irlo Bronson Hwy. Kissimmee, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHEN, TE-CHU 4733 W. IRLO BRONSON HWY KISSIMMEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHEN, TE-CHU 4810 W Irlo Bronson Hwy Kissimmee, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Yu-Ling Chen 3/27/00 (407) 396-6200