

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 25 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000009134  
**1. Entity Name**  
 CHI-TSAI HOTEL, LLC

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**      **3. Mailing Address**  
 3300 W. Colonial Drive      3300 W. Colonial Drive  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Orlando, Florida      Orlando, Florida  
**Zip**      **Country**      **Zip**      **Country**  
 32808      Orange      32808      Orange

**4. FEI Number**      **Applied For**  
 59-3626849       Not Applicable  
**5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
**Name** Cheng-Chi Chen  
**Street Address (P.O. Box Number is Not Acceptable)**  
 3300 W. Colonial Drive  
**City** Orlando      **FL**      **Zip Code** 32808

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Member/President	Cheng-Chi Chen MGRM	3300 W. Colonial Drive	Orlando, FL 32808	<input type="checkbox"/>	<input type="checkbox"/>
Member/Secretary	Pi-Tsai Chen MGRM	3300 W. Colonial Drive	Orlando, FL 32808	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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:**  **Cheng-Chi Chen**      **407-293-7221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (11/99)