

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006524

1. Entity Name
BUDDHA'S LIGHT INTERNATIONAL ASSOCIATION, INC.

Principal Place of Business
124 BROADWAY AVE.
KISSIMMEE, FL 34741

Mailing Address
124 BROADWAY AVE.
KISSIMMEE, FL 34741

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

3. Mailing Address
8217 Tivoli Dr
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32836

Country

4. FEI Number
76-0707438

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**SRI, RACHEL L
6100 OLD HOWELL BRANCH ROAD
WINTER PARK, FL 32792**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SHEN, SUH-YUEH	1401 NE ST.	MIAMI SHORE, FL 33138	☐
D	CHEN, HSI CHING	2537 BAYFRONT PARKWAY	ORLANDO, FL 32806	☐
D	HENDRIX, YUTZE	7413 OAKVISTA CIRCLE	TAMPA, FL 33634	☐
D	WU, CHENG-CHAI	8623 SUMMERSVILLE PLACE	ORLANDO, FL 32834	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
D	Eddie Yeh	5657 S Orange Blossom Tr	Orlando FL 32839	☐
D	Sue Lee Lin	3955 St Armons CR	Malbourne FL 32834	☐
D	Sophia Luo	519 Terrace Hill DR	Temple Terrace FL 33617	☐
D	Owen Tang	1815 3rd Ave	Orlando FL 32804	☐
				☐
				☐

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/20/03 OFFICE PHONE: 407-996-3246

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jun 09, 2003 8:00 am
Secretary of State
04-21-2003 90381 048 ***61.25

183

IBPS INC
12028 LAKESHORE DR
CLERMONT FL 34771

DATE 3/25/03

PAY TO THE ORDER OF Department of State \$ 61.25

Sixty One and 25/100 DOLLARS

FOR Blia

[Signature]

First National Bank
Orlando, FL 32810

63-993/631
1702