

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004781

1. Entity Name

ORLANDO AIKIKAI, INC.

Principal Place of Business

5651 COMMERCE DRIVE
SUITE #9
EDGEWOOD FL 32809

Mailing Address

5208 STRATEMEYER DR
ORLANDO FL 32839-2950

2. Principal Place of Business

5208 Stratemeyer Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3506888

Applied For

Not Applicable

Zip

32839-2950

Country

Orange

Zip

Country

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

6. Name and Address of Current Registered Agent

BJORNSSON, GRACE E
5208 STRATEMEYER DR
ORLANDO FL 32839

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election, Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KIM, SEUNG B
STREET ADDRESS 13518 SUMMERTON DRIVE
CITY-ST-ZIP ORLANDO FL 32824

TITLE D ☐ Delete
NAME VUE, YER
STREET ADDRESS 141 PINWOOD DRIVE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ST ☐ Delete
NAME BJORNSSON, GRACE E
STREET ADDRESS 5208 STRATEMEYER DR
CITY-ST-ZIP ORLANDO FL 32839

TITLE DP ☐ Delete
NAME MINANOVIC, BRANKO
STREET ADDRESS 3511 BONAIRE BLVD #2406
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

407-8363-1985

Daytime Phone #

CR2E037 (9/99)