

DOCUMENT # N96000004781

1. Entity Name

ORLANDO AIKIKAI, INC.

Principal Place of Business

5208 STRATEMEYER DRIVE
ORLANDO FL 32839-2950

Mailing Address

5208 STRATEMEYER DR
ORLANDO FL 32839

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3506888

Applied For

Not Applicable

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 Mihanovic, Grace G.

Street Address (P.O. Box Number is Not Acceptable)

Name change due to marriage.
Address remains as is

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME D
STREET ADDRESS KIM, SEUNG B
CITY-ST-ZIP 13518 SUMMERTON DRIVE
ORLANDO FL 32824TITLE ☐ DeleteNAME D
STREET ADDRESS VUE, YER
CITY-ST-ZIP 141 PINWOOD DRIVE
DAVENPORT FL 33837TITLE ☐ DeleteNAME ~~ST~~ BJORNSSON, GRACE E →
STREET ADDRESS 5208 STRATEMEYER DR
CITY-ST-ZIP ORLANDO FL 32839TITLE ☐ DeleteNAME DP
STREET ADDRESS MINANOVIC, BRANKO
CITY-ST-ZIP 3511 BONAIRE BLVD #2406 →
KISSIMMEE FL 34741 →TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME Mihanovic, Grace G.
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME
STREET ADDRESS 5208 Stratemeyer Dr.
CITY-ST-ZIP Orlando, FL 32839TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

1-4-01

Date

407-855-4431

Daytime Phone #

CR2E037 (10/00)

00380

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90107 005 ****61.25



DO NOT WRITE IN THIS SPACE