

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002700

1. Entity Name

U.S. PAN ASIA CHAMBER OF COMMERCE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90100 049 ****61.25

Principal Place of Business

Mailing Address

5650 BAYSIDE DRIVE
 SUITE 100
 ORLANDO FL 32819

5650 BAYSIDE DRIVE
 SUITE 100
 ORLANDO FL 32819-4045

2. Principal Place of Business

3. Mailing Address

315 E. Robinson St.

P.O. Box 965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

Zip
 32801

Country
 USA

Zip
 32802-0965

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3445264

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

LIANG, BRIAN
 1226 E. COLONIAL DR. #B
 ORLANDO FL 32819

Name
 AGNES M. CHAU

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

315 E. Robinson Street, Ste. 600

City
 Orlando

FL

Zip Code
 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESCANO, RONNIE	
STREET ADDRESS	5650 BAYSIDE DR. #301	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MJUEH, MARIA	
STREET ADDRESS	7712 HIDDEN IVY COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KIANG, SUE	
STREET ADDRESS	5650 BAYSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THUY, LE T	
STREET ADDRESS	5650 BAYSIDE DR. #302	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIANG, BRIAN	
STREET ADDRESS	1226 E COLONIAL DR #B	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGNES MAN YEE CHAU	
STREET ADDRESS	315 E. ROBINSON STREET, SUITE 600	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINNIE PANG	
STREET ADDRESS	1225 E. Colonial Drive	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSANNA TRAN	
STREET ADDRESS	11136 Satellite Rd	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANYA BOWLEY	
STREET ADDRESS	100 S. Orange Ave	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
 AGNES MAN YEE CHAU

Date
 04/11/2000

Daytime Phone #
 (407) 425-7010

CR2E037 (9/99)