

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

06-08-2000 90011 045 ****61.25

DOCUMENT # N99000002852

1. Entity Name

FLORIDA CHINESE CULTURE CENTER, INC.

Principal Place of Business

Mailing Address

5657 S. ORANGE BLOSSOM TRAIL
 ORLANDO, FL 32839

2. Principal Place of Business

3. Mailing Address

5657 S. ORANGE BLOSSOM TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. FEI Number

59-3573108

Applied For

Not Applicable

Zip

Country

Zip

Country

32839

5. Certificate of Status Desired

\$8.75 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

BRIAN LIANG

Name

PETER WONG

1226 E. COLONIAL DRIVE, #B

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

ORLANDO, FL 32803

1220 E. COLONIAL DRIVE

City

ORLANDO

FL

Zip Code

32803

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]

PETER WONG

5-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
 FEE IS \$81.25

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	P. D.	<input type="checkbox"/> Delete
NAME	BO-YU LAO	
STREET ADDRESS	10026	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VP. D.	<input type="checkbox"/> Delete
NAME	PETER WONG	
STREET ADDRESS	1220 E. COLONIAL DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S. D.	<input type="checkbox"/> Delete
NAME	EDDIE YEH	
STREET ADDRESS	12028 LAKE SHORE DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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] PETER WONG

4-30-00

Date

407-899-2141

Daytime Phone #

CR2E037 (9/99)