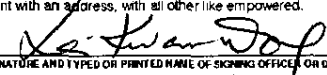


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000001378			
1. Entity Name CAI FAMILY, INCORPORATED			
Principal Place of Business 6803 S KIRKMAN RD ORLANDO, FL 32819		Mailing Address 6803 S KIRKMAN RD ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3613864		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WONG, LAI KWAN 2081 RIVER PARK BLVD. ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Anthony Cai Street Address (P.O. Box Number is Not Acceptable) 6803 S Kirkman Rd City Orlando FL 32819	
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 4/1/03 (NOTE: Registered Agent's signature required when submitting.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P WONG, LAI KWAN 2081 RIVER PARK BLVD. ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Anthony Cai 6803 S Kirkman Rd Orlando FL 32819	
Delete ☒		Change ☒ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
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 507, 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: 		DATE 4/1/03 DAYTIME PHONE 407-808-3268	

90085065



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)