

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028241

1. Entity Name  
M & R ORIENTAL, INC.

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90253 046 \*\*\*150.00

Principal Place of Business  
14892 67 TRAIL NORTH  
PALM BEACH GARDEN FL 33418

Mailing Address  
14892 67 TRAIL NORTH  
PALM BEACH GARDEN FL 33418

2. Principal Place of Business  
2863 NORTH LAKE BLVD

3. Mailing Address

Suite, Apt. #, etc.  
#4

Suite, Apt. #, etc.

City & State  
LAKE PARK, FL

City & State

Zip Country  
33403 PALM BEACH

Zip Country

4. FEI Number  
65-0992836

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

SIU, YIN MAN  
14892 67 TRAIL NORTH  
PALM BEACH GARDEN FL 33418

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
D  
SIU, YIU MAN  
STREET ADDRESS  
14892 67 TRAIL NORTH  
CITY-ST-ZIP  
PALM BEACH GARDEN FL 33418

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yiu Man Siu* PRESIDENT

2/9/01 (560) 882-2345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (10/00)