

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90020 035 ***150.00

DOCUMENT # P00000062277

1. Entity Name

TAK LIU, INC.

Principal Place of Business

Mailing Address

3801 W. Sunrise Blvd.
 Ft. Lauderdale, FL 33311

3801 W. Sunrise Blvd.
 Ft. Lauderdale, FL 33311

659810



DO NOT WRITE IN THIS SPACE

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

65-1019926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY
 20 N. ORANGE AVE., #1000
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

300 S. Orange Ave., Suite 1000

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 \$150
Make Check Payable to Department of State

9. Officers & Directors

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP D-P-S Tak Liu a/k/a Ted Johnson ☐ Change ☒ Addition
 3801 W. Sunrise Blvd.
 Ft. Lauderdale, FL 33311

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP T Michael R. Dayhoff ☐ Change ☒ Addition
 3801 W. Sunrise Blvd.
 Ft. Lauderdale, FL 33311

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP VP Philip P. Smith ☐ Change ☒ Addition
 3801 W. Sunrise Blvd.
 Ft. Lauderdale, FL 33311

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

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

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

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Tak Liu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING officer or director

Date

954-583-1234

Daytime Phone #