

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000000 64430

Entity Name

Valencia College Comm. Center Store

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 PM 4:26

Principal Place of Business Mailing Address

601 N. Goldenrod Rd.  
Orlando, FL 32825

2. Principal Place of Business 3. Mailing Address

707 N. Goldenrod Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Orlando, FL

Zip Country Zip Country

32807 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654727 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Kyung Ho So  
1335 E. Wekiva Tr  
Longwood, FL 32779

7. Name and Address of New Registered Agent

Name HELEN H. SO  
Street Address (P.O. Box Number is Not Acceptable)  
1335 E. Wekiva Tr  
City Longwood FL Zip Code 32779

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 reappointing)

4/26/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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600004194226-3  
-05/11/01 -01004-011  
\*\*\*\*\*750.00 \*\*\*\*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)