

FILED
Jun 20, 2002 8:00 am
Secretary of State


05-13-2002 90167 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PC10000143105
 1. Entity Name
LAW OFFICES OF AGNES CHAU, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 717 ALTALOMA AVE.		3. Mailing Address 1801 E. COLONIAL DR.	
Suite, Apt. #, etc. Ste. C		Suite, Apt. #, etc. Ste. 168	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32803	Country USA	Zip 32803	Country USA

UNDP

36195
 DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3700253		Applies For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			

**DO NOT WRITE
 IN THIS SPACE**

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / D AGNES CHAU 5213 DEER CREEK DRIVE ORLANDO, FL 32821	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exempt or stated in Section 119.07(3)(b), 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 of certain attachment with an address, with all other like empowerments.

SIGNATURE: *Agnes Chau* **AGNES CHAU** 4/25/02

CR2E034B (12/01)

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

*Attachment
3/6/95*

DOCUMENT # 201000016365
1. Entity Name
LAW OFFICES OF AGNES CHAU, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 717 Altaloma Avenue Suite, Apt. #, etc. Suite C City & State Orlando, FL Zip 32803		3. Mailing Address 1801 E. Colonial Drive Suite, Apt. #, etc. Suite 168 City & State Orlando, FL Zip 32803	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FBI Number 59-3700253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Agnes Chau	
	Street Address (P.O. Box Number is Not Acceptable) 1801 E. Colonial Drive, Suite 168	
	City Orlando	Zip Code FL 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]* 6/4/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Agnes Chau 5219 Deer Creek Drive Orlando, FL 32821	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental report, signed and recorded, 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 of an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* **Agnes Chau** 6/4/02 **407-228-0778**

CR2E034B (12/01)