

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90843 011 ***150.00

DOCUMENT # P02000070030

1. Entity Name

OSCEOLA COMMERCE CENTER, INC.



Principal Place of Business

203 S. CLYDE AVE.

KISSIMMEE FL 34741

Mailing Address

203 S. CLYDE AVE.

KISSIMMEE FL 34741

2. Principal Place of Business

2100 MICHIGAN AVE.

3. Mailing Address

P.O. Box 69183

Suite, Apt. #, etc.

ORLANDO, FL

City & State

32869-1823

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

MAGRUDER, C. MICHAEL ESQ.

203 S. CLYDE AVE.

KISSIMMEE FL 34741

Name

SIMEON C. SY

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

22 W. MONUMENT AVE, SUITE #20

City

KISSIMMEE

FL

Zip Code

34741

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

Simeon C. Sy

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 17 2003

FILE NOW!!! FEE \$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	D CHEN, RONG I	<input type="checkbox"/> Delete
STREET ADDRESS	2209 NE 35TH ST.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE NAME		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

Simeon C. Sy

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 17 2003

Date

Daytime Phone #

(407) 922-1408

CR2E034 (10/02)