

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90097 009 \*\*\*150.00

**DOCUMENT # P94000000073**

1. Entity Name

LILIUM, INC.

Principal Place of Business

Mailing Address

2005 EAST MAIN STREET  
 LAKELAND FL 32801

2005 EAST MAIN STREET  
 LAKELAND FL 90640-1807

2. Principal Place of Business

2617 Via Campo

3. Mailing Address

5100 Old Howell Branch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montebello, CA

City & State

Winter Park, FL

4. FEI Number

59-3216309

Applied For

Not Applicable

Zip

90640

Country

Zip

32792

Country

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

TSAY, YIN H  
 2005 EAST MAIN STREET  
 LAKELAND FL 32801

Name

Rachel Siu

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

5100 Old Howell Branch Rd

City

Winter Park FL

Zip Code

32792

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

*Rachel Siu*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  Delete  
 NAME D  
 STREET ADDRESS TSAY, MING H  
 CITY-ST-ZIP 6308 MARINA DRIVE  
 ORLANDO FL 32819

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS TSAY, MIN L  
 CITY-ST-ZIP 6308 MARINA DRIVE  
 ORLANDO FL 32819

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: X

*TSAY, MING H*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

Daytime Phone #

CR2E034 (9/99)