

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90037 030 ***150.00

DOCUMENT # P94000024991**1. Entity Name****LUCY HO'S BAMBOO GARDEN OF WINTER HAVEN, INC.****Principal Place of Business****4949 INTERNATIONAL DR
FC3
ORLANDO FL 32819
US****Mailing Address****P O BOX 1807
OCALA FL 34478-807
US****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 59-3245839

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****LIAO, PAI-CHIN
4949 INTERNATIONAL DR
FC3
ORLANDO FL 32819**

Name

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

City

FL

Zip Code

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:

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DPT						
	LIAO, PAI-CHIN						
	4949 INTERNATIONAL DR, FC3						
	ORLANDO FL 32819						
	D						
	LIAO, MEI CHIH						
	108 LAKE VIEW DR						
	THOMASVILLE GA 31792						
	DS						
	LIAO, MEI-NING						
	7632 SOUTHSIDE ROAD APT. 324						
	JACKSONVILLE FL 32256						
	D						
	LAO, BO-YU						
	10026 BUNKER ROAD						
	LEESBURG FL 34788						

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

Date

Daytime Phone #

4/12/01

407-226-6579

CR2E034 (10/00)