

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036601

1. Entity Name

AMERICAN CACIQUE ENTERPRISE CO., INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90035 040 \*\*\*150.00

Principal Place of Business

1197 GINGER CIRCLE  
FT. LAUDERDALE FL 33326  
US

Mailing Address

1197 GINGER CIRCLE  
FT. LAUDERDALE FL 33326-3631.  
US

2. Principal Place of Business

6712 N.W 82 AVE  
Suite, Apt. #, etc.

3. Mailing Address

1197 GINGER CIR  
Suite, Apt. #, etc.  
FT. LAUDERDALE FL

City & State

MIAMI FL

City & State

FT. LAUDERDALE FL

Zip

33166

Country

-

Zip

333263631

Country

U.S.A.

4. FEI Number

65-0585772

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

KO, HORNG Y  
1197 GINGER CIRCLE  
FT. LAUDERDALE FL 33326

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D KO, HORNG Y 1197 GINGER CIRCLE FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KO, YUAN KO 1197 GINGER CIRCLE FT. LAUDERDALE FL 33326	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (9/99)