

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90210 048 ***150.00

DOCUMENT # P95000069238

1. Entity Name
ORIENTAL MART, INC.

Principal Place of Business
2355 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address
2355 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0605291**

Applied For
 Not Applicable

Zip Country

Zip 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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LEE, ALBERT	
STREET ADDRESS	1809 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUA, ANH	
STREET ADDRESS	1809 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, SAMUEL Y	
STREET ADDRESS	1809 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUI, POK K	
STREET ADDRESS	1809 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAM, TOMMY	
STREET ADDRESS	1809 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2002

Date

954-464-8828

Daytime Phone #

CR2E034 (9/01)