

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076559

1. Entity Name
WENDY K. LAM REALTY INC.



Principal Place of Business
2729 ROLLING BROOK DRIVE
ORLANDO FL 32837

Mailing Address
2729 ROLLING BROOK DRIVE
ORLANDO FL 32837

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 90682 042 ***150.00

2. Principal Place of Business
1185 Clinging Vine Ln
Suite, Apt. #, etc.

3. Mailing Address
1185 CLINGING VINE LN

City & State
Winter Springs, FL
Zip
32708
Country
USA

WINTER SPRINGS, FL
32708
USA

4. FEI Number 59-3340877

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAM, KWOK Y
2729 ROLLING BROOK DRIVE
ORLANDO FL 32837

Name
Street Address (P.O. Box Number is Not Acceptable)
1185 CLINGING VINE LN
WINTER SPRINGS, FL 32708

8. The above named entity submits this statement for the purpose of changing its registered agent, with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$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 STREET ADDRESS CITY-ST-ZIP	PT LAM, KWOK Y 1185 CLINGING VINE LN WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

Daytime Phone #

CR2034 (10/02)