

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077751

1. Entity Name

PC LAN VAD OF ORLANDO, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90028 039 \*\*\*150.00

Principal Place of Business 110 LIVE OAK BLVD CASSELBERRY FL 32707 US	Mailing Address 110 LIVE OAK BLVD CASSELBERRY FL 32707-3828 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0609504</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <del>SAE-TANG, BENJAWAN 1763 FLORIDA MANGO RD., SUITE 1 WEST PALM BEACH FL 33409</del>	7. Name and Address of New Registered Agent Name <b>BEN CHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 LIVE OAK BLVD.,</b> City <b>CASSELBERRY</b> FL Zip Code <b>32707</b>
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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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D SAE-TANG, BENJAWAN 1763 FLORIDA MANGO RD., SUITE 1 WEST PALM BEACH FL 33409</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>CHAN, BEN MAN BEN</del> CHAN, BEN <input type="checkbox"/> Delete 1763 FLORIDA MANGO RD., SUITE 1 WEST PALM BEACH FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN, BEN M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 LIVE OAK BLVD., CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN CHAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 110 LIVE OAK BLVD., CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 or without other like empowered.

SIGNATURE: Karen Chan 3/13/00 407 335 4750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)