

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054956

1. Entity Name

SO & LAI, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90049 035 ***150.00

Principal Place of Business

8607 PALM PARKWAY
ORLANDO FL 32819

Mailing Address

8748 WITTENWOOD CV
ORLANDO FL 32836-5527
US

2. Principal Place of Business

3. Mailing Address

539 N. Mills Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32803

USA

4. FEI Number

59-3382745

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

LAI, CHU-FEN
14512 ASTINA WAY
ORLANDO FL 32837

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

X Yee Kwong SO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/00

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 V ☐ Delete
NAME SO, YEE-KWONG
STREET ADDRESS 327 STERLING ROSE COURT
CITY-ST-ZIP APOPKA FL 32704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME WANG, PAUL
STREET ADDRESS 5105 WARRIER LANE
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: X

Yee Kwong SO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

DATE

407-239-4999

Daytime Phone #

CR2E034 (9/99)