

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054956

1. Entity Name
SO & LAI, INC.

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
539 N. Mills Ave.

3. Mailing Address
Suite, Apt. #, etc.

4. City & State
Orlando, FL

5. Zip 32803 Country 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

LAI, CHU-FEN
14512 ASTINA WAY
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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*

(NOTE: Registered Agent signature required when reinstating.)

DATE *2/10/00*

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SO, YEE-KWONG		NAME	
STREET ADDRESS	327 STERLING ROSE COURT		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32704		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, PAUL		NAME	
STREET ADDRESS	5105 WARRIOR LANE		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34747		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		CITY-ST-ZIP	
TITLE	—	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—		NAME	
STREET ADDRESS	—		STREET ADDRESS	
CITY-ST-ZIP	—		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

407-239-4999
Daytime Phone #

CR2E034 (999)