

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90037 009 ***150.00

DOCUMENT # P96000063614

1. Entity Name

MING COURT MANAGEMENT, INC.

Principal Place of Business

**9188 INTERNATIONAL DRIVE
 ORLANDO FL 32819**

Mailing Address

**9188 INTERNATIONAL DRIVE
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3390954**

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

**UCC FILING & SEARCH SERVICES, INC.
 526 EAST PARK AVE.
 STE. 200
 TALLAHASSEE FL 32302**

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, 2001 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	CHEN, TZOW-CHYI	
STREET ADDRESS	11400 WESTWOOD BLVD	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WU, JOHN Y	
STREET ADDRESS	8186 LAKE SERENE DR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHIN-HWA LIN, WU	
STREET ADDRESS	11412 WESTWOOD BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WU, YEH-HSIEN	
STREET ADDRESS	3951 MCKINNON RD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHEN, JIIN-JIAU WU	
STREET ADDRESS	11400 WESTWOOD BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WU, HWEI-JEN WANG	
STREET ADDRESS	8186 LAKE SERENE DR	
CITY-ST-ZIP	ORLANDO FL 32836	

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
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)