

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 025 ***150.00

DOCUMENT # PA7000009475
1. Entity Name
CHARIS LONG INVESTMENT CORP OF AMERICA

DO NOT WRITE IN THIS SPACE

B0068626

2. Principal Place of Business <u>10577 ROCKET BLVD.</u> Suite, Apt. #, etc.	3. Mailing Address <u>6633 LAKE CANE DR.</u> Suite, Apt. #, etc.
City & State <u>ORLANDO FL</u>	City & State <u>ORLANDO FL</u>
Zip <u>32824</u> Country	Zip <u>32819</u> Country

4. FEI Number <u>59-3420288</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>MARIA HSUEH</u>
Street Address (P.O. Box Number is Not Acceptable) <u>6633 LAKE CANE DR.</u>
City <u>ORLANDO</u> State <u>FL</u> Zip Code <u>32819</u>

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] DATE 4/8/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MARIA HSUEH</u> <u>6633 LAKE CANE DR.</u> <u>ORLANDO FL 32819</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)