

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023865

1. Entity Name  
ORIENTAL LAKELAND, INC.

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90041 045 \*\*\*150.00

Principal Place of Business  
4215 S FLORIDA AVE  
LAKELAND FL 33813

Mailing Address  
4215 S FLORIDA AVE  
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

1221 East Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number 59-3433905

Applied For

Not Applicable

Zip

Country

Zip

Country

32801

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

GAO, GONG Y  
4215 S FLORIDA AVE  
LAKELAND FL 33813

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 VP  
NAME ZHU, AL MEI  
STREET ADDRESS 4215 S FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL 32813 ☐ Delete

TITLE VP  
NAME ZHU, AL MEI  
STREET ADDRESS 4215 S Florida Ave  
CITY-ST-ZIP Lakeland FL 33813 ☒ Change ☐ Addition

TITLE DP  
NAME GAO, GONG Y  
STREET ADDRESS 4215 S FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE DP  
NAME Gao, Gong Y  
STREET ADDRESS 4215 S. Florida Ave  
CITY-ST-ZIP Lakeland, FL 33813 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE: X

GAO GONG Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

863-646-1955

Daytime Phone #

CR2E034 (10/00)