

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031699

1. Entity Name

HARVEST VALLEY OF ORLANDO, INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90018 036 ***150.00

Principal Place of Business

Mailing Address

2111 S. DIVISION AVENUE
ORLANDO FL 32805

2111 S. DIVISION AVENUE
ORLANDO FL 32805-6228

HU01241J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3436017**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GOW, KUO-CHING
2111 S. DIVISION AVENUE
ORLANDO FL 32805

Name **FU-EN WANG**
Street Address (P.O. Box Number is Not Acceptable)
2111 S. Division Ave
City **ORLANDO** FL Zip Code **32805**

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 Fu-en Wang **FU-EN WANG** **1-20-2000**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP | VPD GOW, KUO-CHING 2111 S. DIVISION AVENUE ORLANDO FL 32805 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D WANG, FU-EN 2111 S. Division Ave. ORLANDO, FL 32805 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TANG, I JEN 2111 S. DIVISION AVENUE ORLANDO FL 32805 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fu-en Wang **WANG, FU-EN** **PRESIDENT** **1-20-2000** **407-245-7540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)