2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000048792** Apr 04, 2000 8:00 am Secretary of State ORIENTAL VALLEY EXPRESS, INC. 04-04-2000 90045 047 ***150.00 Mailing Address Principal Place of Business 3855 SW 137 AVE 3855 SW 137 AVE SUITE 3 SUITE 3 MIAMI FL 33175-8821 MIAM! FL 33175 2. Principal Place of Business 3. Mailing Address as-above -above Some - Same -as Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ✓ Applied For City & State City & State 4. FEI Number 65-0758880 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name same WONG, YIU SHING Street Address (P.O. Box Number is Not Acceptable) 15125 SW 172ND STREET MIAMI FL 33187 Zip Code FL 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) FILE NOW!!!-FEE-IS-\$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ■ Addition **PSTD** TITLE TITLE ☐ Delete NAME WONG, YIU SHING NAME STREET ADDRESS STREET ADDRESS 15125 SW 172ND STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 Addition ☐ Defete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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)(1), 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