

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90104 047 \*\*\*150.00

00000204

DO NOT WRITE IN THIS SPACE

**DOCUMENT #**

**1. Entity Name**

888 INC

P98000067890

**Principal Place of Business**

**Mailing Address**

144 Butler Rd Brandon FL 33511

**2. Principal Place of Business**

144 Butler Rd

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Brandon FL

**City & State**

Brandon FL

**4. FEI Number**

593497906

**Applied For**

Not Applicable

**Zip**

33511

**Country**

Hillsborough

**Zip**

33511

**Country**

USA

**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**

**Name**

Chin Mei Collins

**Street Address (P.O. Box Number is Not Acceptable)**

144 Butler Rd

**City**

Brandon

**FL**

**Zip Code**

33511

**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**

Chin Mei Collins mgr

Chin Mei Collins

5-16-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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**

<b>TITLE</b>	mgr	<input type="checkbox"/> Delete
<b>NAME</b>	Chin Mei Collins	
<b>STREET ADDRESS</b>	144 Butler Rd	
<b>CITY-ST-ZIP</b>	Brandon FL 33511	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

Chin Mei Collins

Chin Mei Collins

5-16-00

8136842106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)