

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009475

1. Entity Name

ORIENTAL DEPOT INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90055 034 ***150.00

Principal Place of Business

8011 SW 40TH STREET
 MIAMI FL 33155

Mailing Address

8011 SW 40TH STREET
 MIAMI FL 33155

2. Principal Place of Business

321 N. University Dr. M-11
 Suite, Apt. #, etc.
 plantation, FL
 City & State

3. Mailing Address

ORIENTAL DEPOT
 Suite, Apt. #, etc.
 4490 NW 72 Ave
 City & State
 Miami, FL 33166



DO NOT WRITE IN THIS SPACE

Zip

33324

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0812010

Applied For

Not Applicable

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

CHENG, RUEY HSIUNG
 2491 NW 107 AVE
 CORAL SPRINGS FL 33065

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHENG, RUEY HSIUNG 2491 N.W. 107TH AVENUE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHENG, TSAI FANG 2491 N.W. 107TH AVENUE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tsai Fang Cheng

4-26-01

Date

954-236-8878

Daytime Phone #

CR2E034 (10/00)