

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035224

1. Entity Name
EL FLAMBOYAN, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90036 027 ***150.00

Principal Place of Business
12141 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

Mailing Address
7361 MARDELL CT.
ORLANDO FL 32835

00036824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12141 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

3. Mailing Address
12141 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA
Zip
32837
Country
US

City & State
ORLANDO FLORIDA
Zip
32837
Country
US

4. FEI Number 59-3513259
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

TAN, LEAN Y
7361 MARDELL CT.
ORLANDO FL 32835

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 _____ (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	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAN, LEAN Y			NAME			
STREET ADDRESS	7361 MAYDELL CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAN, SAW B			NAME			
STREET ADDRESS	7361 MAYDELL CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIEW, WOEI L			NAME			
STREET ADDRESS	12141 S.O.B.T.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LO, KAM C			NAME			
STREET ADDRESS	12141 S.O.B.T.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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

Date

Daytime Phone #

CR2E034 (10/00)