

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90239 028 \*\*\*150.00

DOCUMENT # P98000046360

1. Entity Name

ORLANDO T.H.A.D., INC.

Principal Place of Business

Mailing Address

1226 E. COLONIAL DR. # B.  
 ORLANDO, FL 32803

1226 E. COLONIAL DR. # B  
 ORLANDO, FL 32803

2. Principal Place of Business

519 N. SEMORAN BLVD.  
 Suite, Apt. #, etc.

3. Mailing Address

519 N. SEMORAN BLVD  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3511440

Applied For

Not Applicable

Zip

32807

Country

Zip

32807

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

Name

ANDER CHOW

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

519 S. SEMORAN BLVD.

City

ORLANDO

FL

Zip Code

32807

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 re-registering)

DATE

4/26/01

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 S.D. ☐ Delete  
 NAME CHOW, ANDER  
 STREET ADDRESS 519 N. SEMORAN BLVD  
 CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P.D. ☐ Delete  
 NAME LAU, DANNY  
 STREET ADDRESS 519 N. SEMORAN BLVD  
 CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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)(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 #

4/26/01

CR2E034 (11/00)