

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055865

1. Entity Name

JC'S ASIAN DESIGN, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90168 035 ***150.00

Principal Place of Business

Mailing Address

133 - A & B STATE ROAD 434
LONGWOOD FL 32750

133 - A & B STATE ROAD 434
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1183 E. ALTAMONTE DR.

Suite, Apt. #, etc.

1183 E. ALTAMONTE DR.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

U.S.A.

Zip

32701

Country

U.S.A.

6. Name and Address of Current Registered Agent

RUMENGAN, LYDIA

133 - A & B STATE ROAD 434
LONGWOOD FL 32750

4. FEI Number

59-3517968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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

TITLE PTSD
NAME RUMENGAN, LYDIA
STREET ADDRESS 133 - A & B STATE ROAD 434
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ 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

LYDIA RUMENGAN

Date

4/26/00

Daytime Phone #

(407) 265-1033

CR2E034 (9/99)