

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90064 030 ***150.00

DOCUMENT # P98000101272

1. Entity Name

CLY, INC.

Principal Place of Business

Mailing Address

3252 OWASSA CT.
 Kissimmee, FL 34746

3252 OWASSA CT
 Kissimmee, FL 34746

953471

2. Principal Place of Business

3. Mailing Address

13898 LANDSTAR BLVD
 Suite, Apt. #, etc.

13898 LANDSTAR BLVD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3544108

Applied For

Not Applicable

Zip

Country

32824

U.S.A

Zip

Country

32824

U.S.A

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

LAU, RAYMOND

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	☐ Delete
NAME	LAU, RAYMOND	
STREET ADDRESS	3252 OWASSA CT	
CITY-ST-ZIP	ORLANDO, FL 34746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP.D	☐ Change ☒ Addition
NAME	CHU, SHU CHUNG	
STREET ADDRESS	50-51 206th STREET	
CITY-ST-ZIP	BAYSIDE, NY 11364	
TITLE	T.D	☐ Change ☒ Addition
NAME	LAM, LAI KUEN	
STREET ADDRESS	1020 WHALE BONE BAY DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	S.D	☐ Change ☒ Addition
NAME	TSANG, MAN YING	
STREET ADDRESS	12608 DARBY AVE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

Raymond Lau

Raymond Lau, Pres.

4-28-00

407-851-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.R. 11034 (9/99)