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: 3252 OWASSA Ct. Kissimmee, FL 34746

Mailing Address: 3252 OWASSA Ct Kissimmee, FL 34746

953471

2. Principal Place of Business: 13898 LANDSTAR BLVD
Suite, Apt. #, etc.

3. Mailing Address: 13898 LANDSTAR BLVD
Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State: ORLANDO, FL
Zip: 32824 Country: U.S.A

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Zip: 32824 Country: U.S.A.

4. FEI Number: 59-3544108 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAU, RAYMOND
3252 OWASSA Ct
Kissimmee, FL 34746

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D ☐ Delete	TITLE	VP.D ☐ Change ☑ Addition
NAME	LAU, RAYMOND	NAME	CHIU, SHU CHUNG
STREET ADDRESS	3252 OWASSA Ct	STREET ADDRESS	50-51 206th STREET
CITY-ST-ZIP	ORLANDO, FL 34746	CITY-ST-ZIP	BAYSIDE, NY 11364
TITLE	☐ Delete	TITLE	T.D ☐ Change ☑ Addition
NAME		NAME	LAM, LAI KUEN
STREET ADDRESS		STREET ADDRESS	1020 WHALE BONE BAY DR.
CITY-ST-ZIP		CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	☐ Delete	TITLE	S.D ☐ Change ☑ Addition
NAME		NAME	TSANG, MAN YING
STREET ADDRESS		STREET ADDRESS	12608 DARBY AVE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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] 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. 1:034 (9/99)