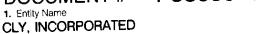
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000101272

1. Entity Name





**FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90253 041 \*\*\*150.00

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Principal Place 13898 LANDSTA ORLANDO FL 3	R BLVD	Mailing Address 13898 LANDSTAR BLVD ORLANDO FL 32824									
2. Principal Pla	ace of Business	3. Mailing	Address		-		I Ibaliasi ita talsi tatit astit satu				
		0.75-4	at # oto		<del></del>		ET OUTON UCDE IE MA	AKING CHA	ANGES		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES  Applied For				
City & State		City & S	City & State			<b>4.</b> F	FEI Number 59-3544108   Not Applica				
		Zin Country				5. Certificate of Status Desired					
Zip	Country	Zip		Count	,	\ \ \		Fee	Required		
	6. Name and Address of Curre	nt Registered A	Agent			7. N	lame and Address of New Regis	tered Ager	ıt		
			. نم د ۱۰۰۰ <u>- نوست.</u>		Name .						
LAU, RAYN	AOND		Street Addre			dress (P.O. B	ss (P.O. Box Number is Not Acceptable)				
3252 OWA	SSA COURT							<del></del>			
KISSIMME	E FL 34746								Zip Code		
	named entity submits this statemen				City		<u></u>	FL	•		
SIGNATURE	Signature, typed or printed news of registered as ILE NOW!!! FRE IS \$150.00 r May 1, 2003 Five will be \$550.00 Payable to Florida Departmen	t of State				e required when r	9. Election Campaign Financ Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICE	IJ	Added		
10.	OFFICERS A	ND DIRECTORS		11.		P.D.	DDITIONO/OH/MAZO TO ETTE		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAU, RAYMOND 3252 OWASSA COURT KISSIMMEE FL 34746		Delete			CHIU, :	SHU CHUNG 206TH STREET DE, NY 11364		☐ Change	Addition	
TITLE NAME STREET ADDRESS	VPD CHIU, SHU CHUNG 50-51 206TH STREET BAYSIDE NY 11364		Delete			,					
TITLE  NAME  STREET ADDRESS	TD LAM, LAI KUEN 1020 WHALE BONE BAY DRI	/E	Delete	ST	LE ME	5D TAT-KE 2154 1	WINDONGST LAKE ( NDO, FL 32844		Change	Addition	
TITLE NAME STREET ADDRESS	KISSIMMEE FL 34741 SD TSANG, MAN YING 12608 DARBY AVE		Delete	NA ST	TLE AME REET ADDRESS TY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRES	ORLANDO FL 32837		☐ Defete	N/ S1	TLE AME TREET AODRESS ITY-ST-ZIP				Change	Addition	
CITY-ST-ZIP				<b>_</b> _		<del>                                     </del>			Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

407-051-0078