

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041209

1. Entity Name

NET IDD INCORPORATED

FILED

Mar 09, 2000 8:00 am  
Secretary of State

03-09-2000 90111 009 \*\*\*150.00

Principal Place of Business

Mailing Address

~~202 PORTSTEWART DR.~~  
~~ORLANDO FL 32828~~

~~202 PORTSTEWART DR.~~  
~~ORLANDO FL 32828-6234~~

820492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 E. ROBINSON ST

3. Mailing Address

200 E. ROBINSON ST

Suite, Apt. #, etc.

STE 500

Suite, Apt. #, etc.

STE 500

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3585615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAI, WONG WANG

262 PORTSTEWART DR.

ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

FLORIDA CORPORATE SUPPORT, INC

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

200 E. ROBINSON ST, STE 500

City

ORLANDO

FL

Zip Code

32801

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 *By: Wai Wong Wang, Sec.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/2000

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 ☐ 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P/S/D  
STREET ADDRESS SUEZ CHU CHOK KWAN  
CITY-ST-ZIP 200 E. ROBINSON ST, SUITE 500  
ORLANDO, FLORIDA 32801

TITLE ☒ Change ☐ Addition  
NAME V/D  
STREET ADDRESS JACKSON LUI YAN TAK  
CITY-ST-ZIP 200 E. ROBINSON ST, SUITE 500  
ORLANDO, FLORIDA 32801

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

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: *Wai Wong Wang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00