

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067670

1. Entity Name

CAMBO RESTAURANT EQUIPMENT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 001 ***150.00

Principal Place of Business

1221 EAST ROBINSON STREET
 ORLANDO FL 32801

Mailing Address

1221 EAST ROBINSON STREET
 ORLANDO FL 32801-2115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1821 E. Colonial Drive

Suite, Apt. #, etc.

1821 E. Colonial Dr.

City & State

Orlando, Florida

City & State

Orlando, FL

Zip

32803

Country

Zip

32803

Country

4. FEI Number

59-3590383

Applied For

Not Applicable

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

FONG, DAVID

1221 EAST ROBINSON STREET
 ORLANDO FL 32801

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 CHAN, CATHERINE
 1221 EAST ROBINSON STREET
 ORLANDO FL 32801 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP P
 VAN TANG, THOUNG
 1221 EAST ROBINSON STREET
 ORLANDO FL 32801 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D
 Tang, Thounng Van
 8355 Diamond Cove Circle
 Orlando, FL 32836 ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 Tang, Matthew
 8355 Diamond Cove Circle
 Orlando, FL 32836 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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

Date

Daytime Phone #