

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077187

1. Entity Name

P & L OF ORLANDO, INCORPORATED

Principal Place of Business

1541 N. ORANGE BLOSSOM TRAIL
APOPKA, FL 32712

Mailing Address

7887 SAINT GILES PLACE
ORLANDO FL 32835

2. Principal Place of Business

1541 N. ORANGE BLOSSOM TRAIL

3. Mailing Address

7887 SAINT GILES PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

ORLANDO, FL

Zip

32712

Country

U.S.A

Zip

32835

Country

U.S.A

4. FEI Number

59-3602684

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS R. OLSEN P.A.
2518 EAGEWATER DR. SUITE 1
ORLANDO FL 32804-4406

7. Name and Address of New Registered Agent

Name PAU CUN PHU
Street Address (P.O. Box Number is Not Acceptable)
7887 SAINT GILES PLACE
City ORLANDO FL Zip Code 32835

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

PAU CUN PHU (President) *[Signature]*

6/22/01

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, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	PAU CUN PHU ☐ Delete PRESIDENT 7887 SAINT GILES PLACE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL A PHU ☒ Delete VICE PRESIDENT P.L.P. 7887 SAINT GILES PLACE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINH MY SONG ☒ Delete TREASURER 7887 SAINT GILES PLACE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAU CUN PHU ☐ Change ☐ Addition 7887 SAINT GILES PLACE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Change ☒ Addition MUI A LOC 7887 SAINT GILES PLACE ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☐ Change ☒ Addition MUI A LOC 7887 SAINT GILES PLACE ORLANDO FL 32835
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAU CUN PHU

4/26/01

407 298 0150

Date

Daytime Phone #

CR2E034 (1/1/00)