

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90081 008 ***150.00

DOCUMENT # P99000077187

1. Entity Name
P & L OF ORLANDO, INCORPORATED

Principal Place of Business
 1541 W ORANGE BLOSSOM TRAIL
 APOPKA FL 32712

Mailing Address
 7887 SAINT GILES PLACE
 ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3602684

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

PHU, PAU
7887 ST. GILES PLACE
ORLANDO FL 32835

Name **Monica Phu**
 Street Address (P.O. Box Number is Not Acceptable) **918 Maple Forest Dr.**
 City **Orlando** **FL** Zip Code **32825**

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 *Monica Phu* DATE **4/11/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **PHU, PAU**
 STREET ADDRESS **7887 ST. GILES PLACE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **MONICA VAN PHU** ☒ Change ☐ Addition
 NAME **918 MAPLE FOREST DRIVE**
 STREET ADDRESS **ORLANDO FL 32825** **president**
 CITY-ST-ZIP

TITLE **VP/T** ☒ Delete
 NAME **LOC, MUI A**
 STREET ADDRESS **7887 ST. GILES PLACE**
 CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☐ Delete
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 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: *Monica Phu* **RED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (407)382-2000
 Date Daytime Phone #

CR2E034 (9/01)