

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90261 005 \*\*\*150.00

**DOCUMENT # P99000100369**

1. Entity Name  
**LOS CHINITOS, INCORPORATED**

Principal Place of Business Mailing Address  
**2638 SHAD COURT 2638 SHAD COURT**  
**ORLANDO FL 32839 ORLANDO FL 32839-2575**

2. Principal Place of Business 3. Mailing Address  
**11608 CHISBURY DRIVE 11608 CHISBURY DRIVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ORLANDO FL. ORLANDO FL.**  
 Zip Country Zip Country  
**32837 32837**

4. FEI Number **59-3607338** 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  
**CHAN, WILLIAM** Name **CHAN WILLIAM**  
**2638 SHAD COURT** Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO FL 32839** **11608 CHISBURY DRIVE**  
 City **ORLANDO FL** Zip Code **32837**

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]* **4/21/2000**  
 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. ☐ **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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRAN, MUNG P</b>		NAME	<b>CHAN WILLIAM</b>	
STREET ADDRESS	<b>2638 SHAD COURT</b>		STREET ADDRESS	<b>11608 CHISBURY DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>		CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<b>S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAI KIN CHEUNG, WAI KIN</b>		NAME	<b>CHAN WILLIAM</b>	
STREET ADDRESS	<b>11608 CHISBURY DRIVE</b>		STREET ADDRESS	<b>11608 CHISBURY DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>		CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **4/21/2000** **407-851-9498**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)