2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000100369 LOS CHINITOS, INCORPORATED 05-03-2001 90943 006 ***150.00 Principal Place of Business Mailing Address 11608 CHISBURY DRIVE 11608 CHISBURY DRIVE 647043 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address SAME 12058 COLLEGIATE WAY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite City & State Applied For 4. FEI Number 59-3607338 ORLANDO **HLORIDA** Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 11608 CHISBURY DRIVE ORLANDO FL 32837 City 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. NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 💢 Change ☐ Addition TITLE 💢 Delete TITLE WILLIAM CHAN TRAN, MUNG P NAME NAME 11608 CHISBURY DRIVE STREET ADDRESS 2638 SHAD COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL. 32837-571 CITY-ST-ZIP ORLANDO FL 32839 Addition TITLE 🛮 Delete TITLE CHEUNG, WAI KIN CHEUNG, WAI K NAME NAME 11608 CHISBURY DRIVE 11608 CHISBURY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 <u>ORLANDO FL. 32837-574</u> Addition TITLE Delete TITLE WILLIAM, CHAN TRAN, HON DIEM NAME NAME STREET ADDRESS *11608 CHISBURY DR 7603 RIO PINAR LAKE BLVD ORLANDO FL. 32822-7950 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP /TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE. ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNI