

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90003 024 ***150.00

DOCUMENT # S12226

1. Entity Name
ORIENT EXQUISITE, INC.

Principal Place of Business

**4201 VINELAND RD
 STE I-3
 ORLANDO FL 32811
 US**

Mailing Address

**4201 VINELAND RD
 STE I-3
 ORLANDO FL 32811
 US**

2. Principal Place of Business

9342 Airport Blvd
 Suite, Apt. #, etc.

3. Mailing Address

9342 Airport Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

Zip Country
32827 USA

City & State
Orlando FL

Zip Country
32827 USA

4. FEI Number **59-3037358**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHONG, WANN K.
 9524 CROWN PRINCE
 WINDEREMERE FL 34786**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE: *Dalip Singh*

Signature, typed or printed name of registered agent and title if applicable

(A.O.C. Registered Agent signature required when re-registering)

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	P	☐ Delete
NAME	CHONG, WANN K.	
STREET ADDRESS	9524 CROWN PRINCE	
CITY-ST-ZIP	WINDEREMERE FL	
TITLE	VP	☐ Delete
NAME	SINGH, DALIP	
STREET ADDRESS	7658 MT CARMEL DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *Dalip Singh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)