## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # \$54997** 1. Entity Name MANDARIN VILLAGE, INC. 02-05-2000 90020 010 \*\*\*150.00 Principal Place of Business Mailing Address **801 S UNIVERSITY DR** 801 S UNIVERSITY DR PLANTATION FL 33324-3336 PLANTATION FL 33324 DOUTORAY 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0268256 Not Access Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANG, LIANG-GEN Street Address (P.O. Box Number is Not Acceptable) 9310 NW 32ND MANOR SUNRISE FL 33351 Zin Code 8. The above named entity submits this statement for the purpose of changing) to registered office or registered agent, or both, in the State of Florida. SIGNATURE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITI F TITLE .☐ Delete CHANG, NELSON NAME NAME STREET ADDRESS 9310 NW 32 MANOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL** Change Delete TITLE CHANG, LIAN GEN NAME NAME 9310 NW 32 MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP □ Change ☐ Additio ☐ Delete TITLE CHANG, LIANG HSIN NAME STREET ADDRESS 9310 NW 32 MANOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR