

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73087

1. Entity Name

BRUCHIN GROVE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90073 030 ***150.00

Principal Place of Business

Mailing Address

1898 JUPITER BLVD. S.W.
PALM BAY FL 32908

1898 JUPITER BLVD. S.W.
PALM BAY FL 32908-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3645 Barna Ave Apt 6C

3645 Barna Ave, Apt 6C

City & State

City & State

Titusville, Florida

Titusville, Florida

Zip

Country

Zip

Country

32780

U. S. A.

32780

U. S. A.

4. FEI Number

59-3123874

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

CHIA-PEI TAO
1898 JUPITER BLVD
PALM BAY FL 32908

Name

CHIA-PEI TAO
Street Address (P.O. Box Number is Not Acceptable)

3645 Barna Ave, Apt 6C

City Titusville

FL

Zip Code 32780

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

(NOTE: Registered Agent signature required when reinstating)

15th April, 2000

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, 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 PVST
NAME TAO, KAU HWA
STREET ADDRESS 1898 JUPITER BLVD S.W.
CITY-ST-ZIP PALM BAY FL 32908 ☒ Delete

TITLE PVST
NAME TAO, KAU HWA
STREET ADDRESS 3645 BARNA AVE, TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

04/15/2000

CR2E034 (9/99)