

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55724

1. Entity Name

ORIENT QUARTET, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90086 028 ***150.00

Principal Place of Business

3176 COMMODORE PLAZA
 MIAMI FL 33133
 US

Mailing Address

3176 COMMODORE PLAZA
 MIAMI FL 33133-5818
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0348910

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

TAN, RIDONG
 3176 COMMODORE PLAZA
 MIAMI FL 33133

Name

JOHN SO

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

3176 COMMODORE PLAZA

City

MIAMI

FL

Zip Code

33133

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)

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 PD
 NAME TAN, RIDONG
 STREET ADDRESS 9031 SW 164TH STREET
 CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE PD
 NAME JOHN SO
 STREET ADDRESS 643 NE 69 ST
 CITY-ST-ZIP MIAMI FL 33138 ☒ Change ☐ Addition

TITLE VP
 NAME NG, YVONNE
 STREET ADDRESS 9031 SW 164 STREET
 CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE VP
 NAME PAULA SO
 STREET ADDRESS 643 NE 69 ST
 CITY-ST-ZIP MIAMI FL 33138 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 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 #

JOHN SO, PRESIDENT 4/27/00 (305) 529-9998

CR2E034 (9/99)