

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90081 037 ***150.00

DOCUMENT # 668319

1. Entity Name

CHUNG FARMING ENTERPRISES, INC.

Principal Place of Business

5900 HOFFNER AVE
ORLANDO FL 32822

Mailing Address

5900 HOFFNER AVE
ORLANDO FL 32822-4804

80015364

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2108043

Applied
Not

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLSEN, ROBERT W
2518 EDGEWATER DR
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
Added to

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CHUNG, FU SHEN
5900 HOFFNER AVED
ORLANDO, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHUNG, PI-YU
5900 HOFFNER AVED
ORLANDO, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐

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 12, as 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

2/1/00

Date

Daytime Phone #