

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02305

1. Entity Name

ASIAN-AMERICAN FEDERATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8445 SW 148TH DRIVE
MIAMI FL 33158

8445 SW 148TH DRIVE
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2406918

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

TSE, FRANKLIN
5121 HAWKHURST AVE
FT. LAUDERDALE FL 33331

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENG, KEE J 6871 WEST WEDGEWOOD DRIVE DAVIE FL 33331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUCE, JOYCE 10357 SW 122ND AVE MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHANG, JOSEPHINE S 8445 SW 148TH DRIVE MIAMI FL 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TSE, FRANKLIN 5121 HAWKHURST AVE FT. LAUDERDALE FL 33331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHANG, SANG 8445 SW 148TH DRIVE MIAMI FL 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/29/02 (954) 967-4520



DO NOT WRITE IN THIS SPACE

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