

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0074928 AV

DOCUMENT # 682046

1. Entity Name  
CHINESE AMERICAN HOLDING CORP



FILED

03 NOV 19 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
% TSUI OI CHI  
244 S. UNIVERSITY DR  
PLANTATION FL 33324

Mailing Address  
% TSUI OI CHI  
244 S. UNIVERSITY DR  
PLANTATION FL 33324

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 59-2019005

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

CHI, TSUI OI  
244 S. UNIVERSITY DR  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*TSUI OI CHI* 11-16-03  
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CHI, FUN GIEL  
STREET ADDRESS 244 S. UNIVERSITY DR  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE PD  
NAME Chi, Fun Giel  
STREET ADDRESS 244 University Dr.  
CITY-ST-ZIP Plantation FL. ☐ Change ☐ Addition

TITLE STD  
NAME CHI, TSUI OI  
STREET ADDRESS 244 S. UNIVERSITY DR  
CITY-ST-ZIP PLANTATION FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400023819094  
10/15/03--01055--023 \*\*750.00 ☐ 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

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 607, 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]* REQUIREMENT 01 CHI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-2003  
Date Daytime Phone #

CR2E034 (4/03)