

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 700624**

1. Entity Name

CHINESE-AMERICAN BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5121 HAWKHURST AVE
FT LAUDERDALE FL 33331
US5121 HAWKHURST AVE
FT LAUDERDALE FL 33331
US

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

59-2385097

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, TSE
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 \$61.259. 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 **D** ☐ Delete
NAME **LOW, GOW S**
STREET ADDRESS **3469 LENOX MILL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **TSE, FRANKLIN**
STREET ADDRESS **5121 HAWKHURST AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HOM, ALICE**
STREET ADDRESS **3101 NW 6 ST**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ENG, KEE JUEN**
STREET ADDRESS **6871 WEDGEWOOD AVE**
CITY-ST-ZIP **DAVIE FL 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **GUM, EVERETT**
STREET ADDRESS **7406 S.W. 52 CT.**
CITY-ST-ZIP **MIAMI FL**TITLE ☒ Change ☐ Addition
NAME **HA LEM**
STREET ADDRESS **3095 N.W. 4 TER.**
CITY-ST-ZIP **MIAMI, FL 33125**TITLE **VP** ☐ Delete
NAME **CHOW, K.C.**
STREET ADDRESS **217 MERSE PLAZA**
CITY-ST-ZIP **FT MYERS FL 33905**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/3/2002 954-777-4348

CR2E037 (9/01)

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