

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 22, 2001 8:00 am
Secretary of State

03-15-2001 90006 002 ****61.25

DOCUMENT # 749950

1. Entity Name

THE CHINESE WELFARE COUNCIL OF MIAMI, INC.

Principal Place of Business

1750 WEST FLAGLER STREET
 MIAMI FL 33135

Mailing Address

1750 WEST FLAGLER STREET
 MIAMI FL 33135

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 **59-2018581**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANTHONY L CHU
 1750 W FLAGLER ST
 MIAMI FL 33135

7. Name and Address of New Registered Agent

Name **JACKY YUEN**
 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

TITLE **S** ☐ Delete
 NAME **SHUCK WAH TAM**
 STREET ADDRESS **1298 NE 160TH ST**
 CITY-STATE-ZIP **N MIAMI FL**

TITLE **PD** ☐ Delete
 NAME **JACKY YUEN**
 STREET ADDRESS **1750 W FLAGLER ST**
 CITY-STATE-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
 NAME **WONG, ALFONSO**
 STREET ADDRESS **1750 W FLAGLER ST**
 CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **MOY, FERNANDO**
 STREET ADDRESS **3251 EAST 11TH AVE.**
 CITY-STATE-ZIP **HAIALEAH FL**

TITLE **VD** ☐ Delete
 NAME **SIU FUNG TANG**
 STREET ADDRESS **10347 N.W. 56TH**
 CITY-STATE-ZIP **MIAMI FL 33178**

TITLE **Wai CHIU HUI D** ☐ Delete
 NAME **3251 E 11 AVE**
 STREET ADDRESS **HAIALEAH, FL 33013**
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☒ Addition
 NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)