

2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

YUEN, JACKY
1750 W FLAGLER ST
MIAMI FL 33135

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

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

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

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

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

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

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

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

TITLE NAME ☐ Delete
VD TANG, SIU FUNG
STREET ADDRESS 10347 NW 56 TER
CITY-ST-ZIP MIAMI FL 33178

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

TITLE NAME ☐ Delete
D MUI, WAI CHIU
STREET ADDRESS 3251M E 11TH AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90140 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/16-2002 (305) 382-1598