

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91059 006 ****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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YUEN, JACKY
1750 W FLAGLER ST
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	S SHUCK WAH TAM	<input type="checkbox"/> Delete
STREET ADDRESS	1298 NE 160TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE NAME	PD JACKY-YUEN	<input type="checkbox"/> Delete
STREET ADDRESS	1750 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VD WONG, ALFONSO	<input type="checkbox"/> Delete
STREET ADDRESS	1750 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D MOY, FERNANDO	<input type="checkbox"/> Delete
STREET ADDRESS	3251 EAST 11TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME	VD TANG, SIU FUNG	<input type="checkbox"/> Delete
STREET ADDRESS	10347 NW 56 TER	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	D MUI, WAI CHIU	<input type="checkbox"/> Delete
STREET ADDRESS	3251M E 11TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature] 3/12-2003

CR2E037 (10/02)