

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90029 011 ****70.00

DOCUMENT # 765962

1. Entity Name

**CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA BAY A
 REA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**312 EAST 127TH AVE
 TAMPA FL 33612**

**312 EAST 127TH AVE
 TAMPA FL 33612**

00012040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2274742

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANG, WALLACE
 9537 NORCHESTER CIR
 TAMPA FL 33647**

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 ☐ Delete
 NAME **SD**
 STREET ADDRESS **MANG, WALLACE**
 CITY-ST-ZIP **9537 NORCHESTER CIR
 TAMPA FL**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **WANG, TING-YEUNG**
 CITY-ST-ZIP **3003 BEACH DR.
 TAMPA FL 33629**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COOKE, PEI LU**
 CITY-ST-ZIP **2030 ELK SPRING DRIVE
 BRANDON FL 33511**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **LI, XIZOCHUAN**
 CITY-ST-ZIP **18403 CANARY LANE
 LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **LI, XIAOCHUAN**
 CITY-ST-ZIP **18403 CANARY LANE
 LUTZ, FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Wallace Mang **REQUIRE WALLACE MANG**

2/6/02

813-935-8369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)