

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90053 002 ***150.00

DOCUMENT # F98000002221

1. Entity Name

SUCCESS UNITED MORRIS INTERNATIONAL FREIGHT CORP

Principal Place of Business

7370 NW 36 ST
 STE 325H
 MIAMI FL 33166

Mailing Address

7370 NW 36 ST
 STE 325H
 MIAMI FL 33166

2. Principal Place of Business

7370 NW 36 St
 Suite, Apt. #, etc.
 325H

3. Mailing Address

7370 NW 36 St
 Suite, Apt. #, etc.
 325H

City & State

MIAMI FL

City & State

MIAMI

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

95-4541181

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

CHAO, JANE
 3401 NORTH FEDERAL HWY, STE 209
 BOCA RATON FL 33431

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCD
 CHEN, SHU-CHEN
 11222 LA CIENEGA BLVD #138
 INGLEWOOD CA ☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S C Chen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-8-01

Daytime Phone #

CR2E034 (10/00)