

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90234 009 ****50.00

DOCUMENT # L98000001152

1. Entity Name

ASIAN PARTNERS OF FLORIDA, LLC



Principal Place of Business

**152 N.E. 167TH STREET, SUITE 211
N. MIAMI BEACH FL 33162**

Mailing Address

**11133 NORTHWEST 2ND COURT
CORAL SPRINGS FL 33071**

2. Principal Place of Business

152 N.E. 167th Street

3. Mailing Address

same

Suite, Apt. #, etc.

#401

Suite, Apt. #, etc.

City & State

N. Miami Beach, Fl

City & State

Zip

33162

Country

Dade

Zip

Country

4. FEI Number

65-0870045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHANG, ANTHONY
152 N.E. 167TH STREET, SUITE 211
N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CHANG, ANTHONY M.C.**
STREET ADDRESS **11133 NORTHWEST 2ND COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **MGR** ☐ Delete
NAME **CHANG, THERESA**
STREET ADDRESS **11133 NORTHWEST 2ND COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **Liu, Sung Wen**
CITY-ST-ZIP **c/o Chang, 11133 N.W. 2nd Court
Coral Springs, Fl. 33071**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

April 14, 2003 305-945-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)