

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002146 AF

DOCUMENT # **L99000005945**

1. Entity Name  
**CORAL SPRINGS CHINESE BUILDING FUND, L.L.C.**

FILED

00 MAR 14 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7861 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address  
7861 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065-4709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HKE&F REGISTERED AGENT CORP.  
2601 S. BAYSHORE DRIVE, SUITE 600  
MIAMI FL 33133**

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR CHAN, SUG  
STREET ADDRESS 7861 W. SAMPLE ROAD  
CITY- ST- ZIP CORAL SPRINGS FL 33065

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

TITLE NAME ☐ Delete  
MGR LAM, TOMMY  
STREET ADDRESS 11183 NW 69TH PLACE  
CITY- ST- ZIP PARKLAND FL 33076

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

TITLE NAME ☐ Delete  
MGR CHIAO, CHARLES  
STREET ADDRESS 6450 NW 98TH LANE  
CITY- ST- ZIP PARKLAND FL 33076

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/11/00

Date

954-753-4788

Daytime Phone #