

# 2001 UNIFORM BUSINESS REPORT (UBR)

0043575

DOCUMENT # N00000002172

1. Entity Name

U.S. SHANDONG FELLOWSHIP ASSOCIATION EDUCATION F

Principal Place of Business

14087 S.W. 48 LANE  
MIAMI FL 33175

Mailing Address

14087 S.W. 48 LANE  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

14087 S.W. 48 lane  
Suite, Apt. #, etc.

14087 S.W. 48 Lane  
Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

Zip

33175

Country

U.S.

Zip

33175

Country

U.S.

4. FEI Number

591287886

Applied for

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YU, ABE  
14087 S.W. 48 LANE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

0000004794830--2

01/24/02 01079 011

\*\*\*\*240.00 \*\*\*\*236.25

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

abe yu

1/6/02

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

TITLE	D. President	<input type="checkbox"/> Delete
NAME	abe yu	
STREET ADDRESS	14087 S.W. 48 lane	
CITY-ST-ZIP	miami FL 33175	
TITLE	Paul P. Chang	<input type="checkbox"/> Delete
NAME	2517 NE 135 St.	
STREET ADDRESS	Miami, FL 33181	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	H. JEAN TAN	
STREET ADDRESS	10292 SW 158 Ct	
CITY-ST-ZIP	Miami FL 33196	
TITLE	D. DIRECTORS	<input type="checkbox"/> Delete
NAME	PHILIP LU	
STREET ADDRESS	14217 ROCK CANYON DR	
CITY-ST-ZIP	CENTREVILLE VA. 20121-3806	
TITLE	D. DIRECTORS	<input type="checkbox"/> Delete
NAME	LILLAN AI	
STREET ADDRESS	626 JOHNSON LANE	
CITY-ST-ZIP	SUGAR LAND TX. 77479	
TITLE	D. DIRECTORS	<input type="checkbox"/> Delete
NAME	ROBERT CHANG	
STREET ADDRESS	5414 WHISPER RIDGE DR.	
CITY-ST-ZIP	SUGAR LAND TX 77479	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

FILED

02 JAN -9 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E037 (10/00)