

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

000185

04-11-2001 90245 039 \*\*\*\*\*61.25

**DOCUMENT # N00000004905**

1. Entity Name

**ASIAN CULTURAL INSTITUTE, INC.**

Principal Place of Business

Mailing Address

3401 NORTH FEDERAL HIGHWAY  
 SUITE 209  
 BOCA RATON FL 33431

3401 NORTH FEDERAL HIGHWAY  
 SUITE 209  
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

23142 Sandalfoot Plaza Dr ← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

4. FEI Number

65-1027636

Applied For

Not Applicable

Zip

FL 33428

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

**CHAO, JANE**  
 3401 NORTH FEDERAL HIGHWAY  
 SUITE 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 \_\_\_\_\_ (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. DIRECTORS = OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** CHAO, JANE  Delete  
 NAME  
 STREET ADDRESS 23142 SANDALFOOT PLAZA DR.  
 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** LUCY OH  Delete  
 NAME  
 STREET ADDRESS 23142 SANDALFOOT PLAZA DR  
 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Treas** MARY SZE  Delete  
 NAME  
 STREET ADDRESS 23142 SANDALFOOT PLAZA DR  
 CITY-ST-ZIP BOCA RATON, FL 33428

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

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)(l), 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 561 7325263x 210

CR2E037 (10/00)