2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005069

1. Entity Name

CHING TANG, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90075 039 ****61.25

			A 200 WE	IRE				
Principal Plac 3860 STEWAR MIAMI FL 3313		Mailing Address 3860 STEWART AVE. MIAMI FL 33133	,			A	14 14 14 14 14 14 14 14 14 14 14 14 14 1	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State		City & State	City & State		4. FEI Number 65-1035720 Applied For]
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Add		1
	6. Name and Address of C	urrent Registered Agent	1	7. Name and Addre	ss of New Registered A		<u> </u>	┨
		and the grant of the same of t	Name	of Louis JA		3		1
4075 PO ∵ , STE, 3 05			Sirestad	dress P.O. Box Number is No	Acceptable BLVD	#301		
CORAL	ABLES FL 33146		Cor	AL GABLES, FL	4 FL	Zin Code	4	
the obligat	named entity submits this stater ions of registered agent.	ment for the purpose of changing it	s registered office or r	egistered agent, or both, in the	e State of Florida. I am fa		and accept	
SIGNATURE	Signature, types or printed name of register	ed agent and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating)	DATE			
	FILE NOW: FEE IS \$61.2	3	9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State			
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10	١
TITLE	PD	☐ Delete	TITLE			Change	Addition	٤
NAME Street address	STINSON, LOUIS JR 4 675-PONCE DE LEON B L	√D_#305	NAME STREET ADDRESS	2119 Powce d Corn Gase	e Lear Buro	# 301	,	740/
CITY-ST-ZIP	CORAL-GABES-FL 33148	, , , ,	CITY-ST-ZIP	CURAL GABL	63 Red 3313	4		֝֟֝֓֓֓֓֟֝֟֝֓֓֓֓֟֝֓֓֓֓֟֟֝֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓
TITLE	TSD PIOK	☐ Delete	TITLE		•	Change	☐ Addition	è
NAME STREET ADDRESS	KRISSEL, RICK 8750 SW 63RD COURT		NAME STREET ADDRESS					ĺ
CITY-ST-ZIP	MIAMI FL 33143-8069		CITY-ST-ZIP					ĺ
TITLE	VASD	☐ Delete	TITLE			-: Change	- ☑ Addition -	
- NAME	DECASTRO, RAYMOND -	00000	NAME					
STREET ADDRESS CITY-ST-ZIP	550 JERONIMO DRIVE MIAMI FL 33146-1328		STREET ADDRESS CITY-ST-ZIP					ļ
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	4		NAME				ĺ	į
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		□ p.i		4-1-1			□ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					ı
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	partify that the information europic	ed with this filing does not qualify fo	CITY-ST-ZIP	d in Section 110 07/3V//\ Flaste	la Statutae I further conti	fu that tha :-	formation	
indianted	on this report of pumplemental re	sa war tins billig does not qualify to	a are exemption states	a in Section Trailor(S)(I), Floric	a Statutes, Flurther Certi	y macme in	1011Hation	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Saction 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 office 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:

MALE REQUIRED

1/10/03 3544-8807