

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

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

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

**DOCUMENT # N00000005069**

**1. Entity Name**  
**CHING TANG, INC.**



**Principal Place of Business**

**3860 STEWART AVE.**  
**MIAMI FL 33133**

**Mailing Address**

**3860 STEWART AVE.**  
**MIAMI FL 33133**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1035720**

Applied For  
Not Applicable

**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**

**STINSON, LOUIS JR.**  
**4675 PONCE DE LEON BLVD.**  
**STE. 305**  
**CORAL GABLES FL 33146**

**Name**  
**STINSON, LOUIS JR.**  
**Street Address P.O. Box Number is Not Acceptable**  
**2199 Ponce de Leon Blvd #301**  
**City**  
**CORAL GABLES, FL**  
**FL**  
**Zip Code**  
**33134**

**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**

**1/16/03**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**STINSON, LOUIS JR**  
**4675 PONCE DE LEON BLVD #305**  
**CORAL GABLES FL 33146**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**2199 Ponce de Leon Blvd #301**  
**CORAL GABLES, FL 33134**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TSD**  
**KRISSSEL, RICK**  
**8750 SW 63RD COURT**  
**MIAMI FL 33143-8069**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VASD**  
**DECASTRO, RAYMOND**  
**550 JERONIMO DRIVE**  
**MIAMI FL 33146-1328**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:** **REQUIRED**

**1/16/03 3544-8801**

CR2E037 (10/02)