

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-21-2002 90898 035 ****61.25

DOCUMENT # N01000003043

1. Entity Name

JAMGON KONGTRUL FOUNDATION, U.S.A. CORP.

Principal Place of Business

Mailing Address

**14280 SABAL DRIVE
 MIAMI LAKES FL 33014**

**14280 SABAL DRIVE
 MIAMI LAKES FL 33014**

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

EIN 65-1097976

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name **CHUFEI T. SIMOS**

Street Address (P.O. Box Number is Not Acceptable)
14280 SABAL DRIVE

City **MIAMI LAKES**

FL Zip Code
33014

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

3/14/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD**
 NAME **SIMOS, CHUFEI T**
 STREET ADDRESS **14280 SABAL DRIVE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **Willie Tsai**
 NAME **Willie Tsai**
 STREET ADDRESS **3470 Miami Lakes Dr. Apt 104**
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE **LIAN CHU HUA**
 NAME **LIAN CHU HUA**
 STREET ADDRESS **7470 Miami Lakes Dr. Apt 104**
 CITY-ST-ZIP **MIAMI FL 33014**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/02

Daytime Phone #

CP2E037 (9/01)