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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31371

1. Corporation Name

CHINESE WOMEN'S CLUB OF GREATER MIAMI, INC.

Principal Place of Business

13615 S DIXIE HWY
STE #114-388
MIAMI FL 33176-7252
US

Mailing Address

13615 S DIXIE HWY
STE #114-388
MIAMI FL 33176-7252
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/24/1989

4. FEI Number

65-0186086

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROMKEY, MAY
10330 SW 58 COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME ROMKEY, MAY
STREET ADDRESS 10330 SW 58 CT.
CITY-ST-ZIP MIAMI FL 33156

☒ DELETE

TITLE VP
NAME LEE, SUE CHOW
STREET ADDRESS 21021 N E 24TH AVE
CITY-ST-ZIP N MIAMI BEACH FL 33180

☒ DELETE

TITLE VP
NAME MUI, MEI MEI
STREET ADDRESS 5120 CARILLE STREET
CITY-ST-ZIP CORAL GABLES FL 33146

☒ DELETE

TITLE VPD
NAME SU, WEA-CHIN
STREET ADDRESS 4885 SW 140TH ST.
CITY-ST-ZIP MIAMI FL 33175

☒ DELETE

TITLE T
NAME DONALDSON, SUSAN MEAD
STREET ADDRESS 16411 S W 82ND AVE
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE D
NAME YEH, LYDIA
STREET ADDRESS 13145 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33156

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Sue Lee
1.3 STREET ADDRESS 21021 N.E. 24 AVE
1.4 CITY-ST-ZIP miami, FL. 33180

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3-7-99 (305) 935-3431

Date

Daytime Phone #

CR2E037 (11/98)