

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90058 012 \*\*\*\*\*61.25

**DOCUMENT # N36237**

1. Entity Name

**CHUNG WAH CEMETERY ASSOCIATION OF MIAMI, INC.**

Principal Place of Business

Mailing Address

% FELIPE LI  
13939 LAKE SUCCESS PLACE  
MIAMI LAKES FL 33014

% FELIPE LI  
13939 LAKE SUCCESS PLACE  
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

**65-0328490**

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

LI, FELIPE  
13930 LAKE SUCCESS PLACE  
MIAMI LAKES FL 33014

Name

**FELIPE LI**

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

**13930 LAKE SUCCESS PL.**

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

**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 ☐ Delete  
NAME **S**  
STREET ADDRESS **NG, AARON**  
CITY-ST-ZIP **7467 NW 169TH LANE**  
**HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **CHOI, PAK**  
CITY-ST-ZIP **1480 NW 96TH AVENUE**  
**MIAMI FL 33172**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TANG, SIUTUNG**  
CITY-ST-ZIP **10347 NW 56TH TERRACE**  
**MIAMI FL 33178**

TITLE ☐ Change ☐ Addition  
NAME **FELIPE LI V.D.**  
STREET ADDRESS **13930 LAKE SUCCESS PL.**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KWAN, WING FAT**  
CITY-ST-ZIP **1750 W FLAGLER ST**  
**MIAMI FL 33135**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **MUI, WAI CHIU**  
CITY-ST-ZIP **780 E 39TH STREET**  
**HIALEAH FL 33013**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LEUNG, CHAM T**  
CITY-ST-ZIP **388 NE 177TH TERRACE**  
**N MIAMI BEACH FL 33162**

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)(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

**2/19/02**

Date

Daytime Phone #

CR2E037 (9/01)