

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90046 030 \*\*\*\*61.25

**DOCUMENT # N36237**

1. Entity Name  
**CHUNG WAH CEMETERY ASSOCIATION OF MIAMI, INC.**



Principal Place of Business  
**% FELIPE LI**  
**13939 LAKE SUCCESS PLACE**  
**MIAMI LAKES FL 33014**

Mailing Address  
**% 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

☐ CHECK HERE IF MAKING CHANGES



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

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

City

**FL**

Zip Code

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

**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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NG, AARON</b>	
STREET ADDRESS	<b>7467 NW 169TH LANE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CHOI, PAK</b>	
STREET ADDRESS	<b>1480 NW 96TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LI, FELIPE</b>	
STREET ADDRESS	<b>13930 LAKE SUCCESS PLACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KWAN, WING FAT</b>	
STREET ADDRESS	<b>1750 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUI, WAI CHIU</b>	
STREET ADDRESS	<b>780 E 39TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEUNG, CHAM T</b>	
STREET ADDRESS	<b>388 NE 177TH TERRACE</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33162</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

1/10/03

CR2E037 (10/02)