

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45429

1. Entity Name

CORAL SPRINGS CHINESE CULTURE ASSOCIATION, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90039 027 ****61.25

Principal Place of Business

8343 W ATLANTIC BLVD
CORAL SPRINGS FL 33071
US

Mailing Address

8343 W ATLANTIC BLVD
CORAL SPRINGS FL 33071-7454
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0288150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, AFONSO
8343 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/00

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

TITLE	D	☐ Delete
NAME	SUG, CHAN	
STREET ADDRESS	7168 NW 65 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	P	☐ Delete
NAME	LAM, TOMMY	
STREET ADDRESS	2484 NW 88 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	☐ Delete
NAME	WONG, AFONSO	
STREET ADDRESS	4811 NW 104 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	☐ Delete
NAME	CHAO, TAI-SAN	
STREET ADDRESS	1765 EAGLE TRACE BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	☐ Delete
NAME	YUAN, CHESTER	
STREET ADDRESS	1121 NW 78TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS	11183 NW 69 Place	
CITY-ST-ZIP	Parkland FL 33076	
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	CHARLES CHIAO	
STREET ADDRESS	6450 NW 98 LANE	
CITY-ST-ZIP	PARKLAND, FL 33076	

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:

Afonso Wong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/11/00 954 753 4788

CR2E037 (9/99)