

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90308 029 ****61.25

DOCUMENT # N45429

1. Entity Name

CORAL SPRINGS CHINESE CULTURE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8343 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071
 US

8343 W ATLANTIC BLVD
 CORAL SPRINGS FL 33071
 US

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

65-0288150

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

YUAN, CHESTER
8343 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

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

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 **P**
 STREET ADDRESS **CHIANG, JOHNNY**
 CITY-ST-ZIP **5326 SW 33RD AVENUE**
HOLLYWOOD FL 33312

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **YANG, JAMES**
 CITY-ST-ZIP **11031 REDHAWK STREET**
Plantation, FL 33324

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **YANG, JAMES**
 CITY-ST-ZIP **11031 REDHAWK STREET**
PLANTATION FL 33324

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **TU, CHING JEN**
 CITY-ST-ZIP **7150 N.W. 84 Ave.**
Parkland, FL 33067

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **LIN, LIAN-YAU**
 CITY-ST-ZIP **4931 NW 116 AVENUE**
CORAL SPRINGS FL 33076

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHAO, CINDY**
 CITY-ST-ZIP **1765 EAGLE TRACE BOULEVARD EAST**
CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHIAO, CHARLES**
 CITY-ST-ZIP **6450 NW 98TH LANE**
PARKLAND FL 33076

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAM, TOMMY**
 CITY-ST-ZIP **11183 NW 69TH PLACE**
PARKLAND FL 33076

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

CHING JEN TU

4/29/02

(954) 753-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)