

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004662

1. Entity Name

CHINESE FEDERATION OF FLORIDA, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90017 035 ****61.25

Principal Place of Business

1750 W FLAGLER ST
MIAMI FL 33130
US

Mailing Address

1750 W FLAGLER ST
MIAMI FL 33130
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 430810

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number

65-0439008

Applied For

Not Applicable

Zip

Country

Zip

Country

33243

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

CHU, ANTHONY
1750 W. FLAGLER STREET
MIAMI FL 33135

Name

John Tsai

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

8100 S.W. 92 Court

City

Miami

FL

Zip Code

33173

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]

John Tsai

8/3/00

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

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	FERNANDO, MAY	
STREET ADDRESS	1164 W. FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHONG, ANDRES	
STREET ADDRESS	1164 W. FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TSAI, JOHN	
STREET ADDRESS	8100 SW 92 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YEN, JOHNNA	
STREET ADDRESS	1051 S.W. 17ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHU, ANTHONY	
STREET ADDRESS	1750 W. FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, John	
STREET ADDRESS	8100 SW 92 court	
CITY-ST-ZIP	Miami, FL 33173	
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		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ng, Johnny	
STREET ADDRESS	1480 N.W. 96 Avenue	
CITY-ST-ZIP	Miami, FL 33172	

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] John Tsai

8/3/00

(305)274-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)