

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90497 026 \*\*\*\*61.25

DOCUMENT # **N 96 00000 1770**

1. Entity Name:

**ASIAN-AMERICAN CHAMBER OF COMMERCE  
 OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**100 NE 3RD AVENUE, #400  
 FT. LAUDERDALE, FL 33301**

**100 NE 3RD AVE, #400  
 FT. LAUDERDALE, FL 33301**

2. Principal Place of Business

**1250 E. HALLANDALE BEACH BLVD**

3. Mailing Address

**SAME AS #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 405**

City & State

City & State

**HALLANDALE BEACH, FL**

Zip

Country

Zip

Country

**33009**

**U.S.A.**

4. FEI Number

**65-0679219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

**00056825**

6. Name and Address of Current Registered Agent

**HOLIDAY H. RUSSELL  
 BERGER, DAVIS & SWIGERMAN  
 350 E. LAS OLAS BLVD, STE. 1000  
 FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

**Name: TY JAVELLANA, CPA**  
**Street Address (P.O. Box Number is Not Acceptable): 1250 E. HALLANDALE BEACH BLVD, #405**  
**City: HALLANDALE BEACH FL Zip Code: 33009**

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 **Ty Javellana, CPA** **Ty JAVELLANA, CPA**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**  
 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

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>JAVELLANA, TY</b>	
STREET ADDRESS	<b>816 N.E. 27TH AVE.</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>LOUDEN, HENRY</b>	
STREET ADDRESS	<b>2108 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, HOLIDAY</b>	
STREET ADDRESS	<b>6928 SW 148 LN</b>	
CITY-ST-ZIP	<b>DAVIE FL 33026</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>TU, DAVID</b>	
STREET ADDRESS	<b>16594 N.W. 7TH ST.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		<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 is 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: **Ty Javellana, CPA** **Ty JAVELLANA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01** **954-454-7478**

Date Daytime Phone #

CR2E037 (11/00)