

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90472 006 \*\*\*\*61.25

**DOCUMENT # N96000001776**

1. Entity Name

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

Principal Place of Business

Mailing Address

1250 E HALLANDALE BCH BLVD  
 SUITE 405  
 HALLANDALE FL 33009

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 SUITE 405  
 HALLANDALE FL 33009

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

65-0679219

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

JAVELLANA, TY CPA  
 1250 E HALLANDALE BCH BLVD  
 #405  
 HALLANDALE BEACH FL 33009

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 D  
 STREET ADDRESS JAVELLANA, TY  
 CITY-ST-ZIP 818 N.E. 27TH AVE.  
 HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition  
 NAME CHAN, SLENDY  
 STREET ADDRESS 1949S BISCAYNE BLVD, #708  
 CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LOUDEN, HENRY  
 CITY-ST-ZIP 2108 ALTON ROAD  
 MIAMI BEACH FL 33140

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

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS RUSSELL, HOLIDAY  
 CITY-ST-ZIP 6928 SW 148 LN  
 DAVIE FL 33026

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

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS TU, DAVID  
 CITY-ST-ZIP 16594 N.W. 7TH ST.  
 PEMBROKE PINES FL 33028

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

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS HUI, HAROLD  
 CITY-ST-ZIP 474 N.E. 210 CIR. TERR  
 NORTH MIAMI FL 33179

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

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS MURAOKI, DENNIS  
 CITY-ST-ZIP 10331 S.W. 60TH ST.  
 MIAMI FL 33173

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]* JAVELLANA 4/29/02 954-454-7478  
 DATE DAYTIME PHONE #

CR2E037 (9/01)