

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005128

1. Entity Name

SAINT PETERSBURG INTERNATIONAL EVANGELICAL CENTE

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90098 044 ****61.25

Principal Place of Business	Mailing Address
3000 34TH STREET SOUTH B-301 ST. PETERSBURG FL 33711	C/O ANNIE CHEN 13102 ST THOMAS DR SANTA ANA CA 92705-1347 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3403069	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CUTLIFF, YATE K 501 FIRST AVENUE NORTH SUITE 507 ST PETERSBURG FL 33733

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
PD	CHEN, ANTHONY J	
STREET ADDRESS	C/O 3000 34TH STREET SOUTH STE B-301	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	NAME	<input type="checkbox"/> Delete
VD	CHEN, WAYNE D	
STREET ADDRESS	C/O 3000 34TH STREET SOUTH STE B-301	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	NAME	<input type="checkbox"/> Delete
SD	CHEN, ALICE Z	
STREET ADDRESS	C/O 3000 34TH STREET SOUTH STE B-301	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	NAME	<input type="checkbox"/> Delete
TD	CHANG, CHIUNG-WEN	
STREET ADDRESS	C/O 3000 34TH STREET SOUTH STE B-301	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 3/3/00 714.838-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)