

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004560

1. Entity Name

SPACE COAST CHINESE WOMEN'S ASSOCIATION, INC.

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

08-15-2000 90008 033 ****61.25

Principal Place of Business

1767 BROOKSIDE STREET N.E.
PALM BAY FL 32907

Mailing Address

1767 BROOKSIDE STREET N.E.
PALM BAY FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3511183

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUH, BRENDA
1767 BROOKSIDE STREET N.E.
PALM BAY FL 32907

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

Brenda K. Muh

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 ☐ Delete
NAME D
STREET ADDRESS MUH, BRENDA
CITY-ST-ZIP 1767 BROOKSIDE STREET N.E.
PALM BAY FL 32907

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

TITLE ☒ Delete
NAME D
STREET ADDRESS LIM, SIEW HUA
CITY-ST-ZIP 1036 HOMEWOOD AVE
MELBOURNE FL 32940

TITLE ☐ Change ☒ Addition
NAME D.C. Ma
STREET ADDRESS 452 Port Royal
CITY-ST-ZIP Satellite Beach
FLA 32937

TITLE ☒ Delete
NAME D
STREET ADDRESS RUSSELL, HELEN
CITY-ST-ZIP 275 WILSON AVE
SATELLITE BEACH FL 32932

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS ALEX VEH
CITY-ST-ZIP 2805 WHISTLER ST. West melb. FL
32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Brenda K. Muh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-9-00

Daytime Phone #

321-723-3000

CR2E037 (5/00)