

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000000202**

1. Entity Name

**CHEN FAMILY FOUNDATION, INC.****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90048 004 \*\*\*\*61.25

Principal Place of Business

**10680 SW 40TH MANOR  
DAVIE FL 33328**

Mailing Address

**10680 SW 40TH MANOR  
DAVIE FL 33328-2148**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0889896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****M & W AGENTS, INC.  
2010 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>	<b>CHEN, CHIH-MING</b>	<b>10680 SW 40TH MANOR DAVIE FL 33328</b>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>CHEN, JANE</b>	<b>10680 SW 40TH MANOR DAVIE FL 33328</b>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>CHANG, CHUN-HAO</b>	<b>6211 SEDGWYCK CIRCLE WEST DAVIE FL 33331</b>					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-2000**

Date

Daytime Phone #