## 2003 NOT-FOR-PROFIT CORPORATION

## Jan 24, 2003 8:00 am 3 **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N99000000202 01-24-2003 90137 034 \*\*\*\*61.25 CHEN FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 10680 SW 40TH MANOR 10680 SW 40TH MANOR DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0889896 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2010 CORPORATE BLVD., SUITE 107 **BOCA RATON FL 33431** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/02)Change ☐ Addition TITI F Delete TITLE CHEN, CHIH-MING NAME NAME STREET ADDRESS 10680 SW 40TH MANOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 Change ☐ Addition TITLE. ☐ Delete TITLE CHEN, JANE NAME NAME 10680 SW 40TH MANOR STREET ADDRESS STREET ADDRESS ----CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 Addition Delete TITLE ☐ Change TITLE CHANG, CHUN-HAO CHANG, CHUN-HAO NAME NAME STREET ADDRESS 6211 SEDGWYCK CIRCLE WEST STREET ADDRESS 15707 SW 20th Street CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33331** Davie, FL 33326 TITI F ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED