

DOCUMENT # N99000001587

1. Entity Name

ASIAN PACIFIC Film Festival of Fla.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

7509 NW 3RD St.

3. Mailing Address

P.O. Box 16515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0909758

Applied For

Not Applicable

Zip

33317

Country

U.S.A

Zip

33318-6515

Country

USA

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

6. Name and Address of Current Registered Agent

Leah Jaffe
8000 East Drive, #106
North Bay Village
FL 33141-4161

7. Name and Address of New Registered Agent

Name

WINIFRED STORMS

Street Address (P.O. Box Number is Not Acceptable)

1441 BRANDYWINE RD. #900J

City

Winifred M. Storms
WEST PALM BEACH FL

Zip Code

33409

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

Winifred M. Storms

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000003523910--2
-01/04/01--01099--014
*****61.25/04*****61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINIFRED STORMS	
STREET ADDRESS	1441 BRANDYWINE RD. #900J	
CITY-ST-ZIP	WEST PALM BEACH FL. 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Winifred M. Storms -	
NAME	I accept this designation.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T. J. Chang	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1351 NE 19th St. #104	
STREET ADDRESS	N. Miami Beach, FL. 33179	
CITY-ST-ZIP	T. Chang	
TITLE	ROSARIO M. BARRAMEDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	16 Royal Palm Way #105	
STREET ADDRESS	Boon Talon Florida 33432	
CITY-ST-ZIP	Jim Guan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2049 SE 6th St #C	
NAME	Deerfield Bend FL 33441	
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 this filing with all other like entities.

SIGNATURE:

Winifred M. Storms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/00

Daytime Phone #

CR2E037 (9/99)

KE