

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90212 028 ****61.25

DOCUMENT # N99000001587

1. Entity Name

THE ASIAN PACIFIC FILM FESTIVAL OF FLORIDA, INC.

Principal Place of Business

7509 NW 3RD ST
 PLANTATION FL 33317

Mailing Address

P.O. BOX 16515
 PLANTATION FL 33318-6515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0909758**

Applied For

Not Applicable

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

STORM, WINIFRED
1441 BRANDYWINE RD. #900J
WEST PALM BEACH FL 33409

Name **Beryl Williams**

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

7509 NW 3rd Street.

City **Plantation**

FL

Zip Code **33317**

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

Beryl Williams

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

(NOTE: Registered Agent's 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 **S** ☒ Delete
 NAME **STORMS, WINIFRED**
 STREET ADDRESS **1441 BRANDYWINE RD. #900J**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **SECRETARY** ☒ Change ☐ Addition
 NAME **PATRICIA FIFI**
 STREET ADDRESS **641 RIDGEWOOD DR. PLANTATION**
 CITY-ST-ZIP **FL 33317**

TITLE **D** ☒ Delete
 NAME **CHANG, T.J.**
 STREET ADDRESS **1351 NE 191 ST #104**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **CRYSTAL POON**
 STREET ADDRESS **11829 SW 107 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☒ Delete
 NAME **BARRAMEDA, ROSARIO M**
 STREET ADDRESS **16 ROYAL PALM WAY #105**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TREASURER** ☐ Change ☐ Addition
 NAME **Jim Quan**
 STREET ADDRESS **2049 SE 6th St, Deerfield Beach**
 CITY-ST-ZIP **FL 33441**

TITLE **D** ☒ Delete
 NAME **DELIA, JOHN**
 STREET ADDRESS **2065 PERRIWINKLE CIRCLE**
 CITY-ST-ZIP **DAVE FL 33328**

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME **7509 NW 3rd St.**
 STREET ADDRESS **PLANTATION FL 33317**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CHANG, T. J.**
 STREET ADDRESS **1351 NE 191 ST #104**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☐ Delete
 NAME **KAHN, JOAN**
 STREET ADDRESS **2049 SE 6TH ST #C**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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:

SIGNATURE REQUIRED

Beryl Williams 4/6/02 (954) 327-1810

Date

Daytime Phone #

CR2E037 (9/01)