

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006471

1. Entity Name

TAMPABAY CHINESE BAPTIST CHURCH, INC.

FILED

Jun 13, 2002 8:00 am  
Secretary of State

06-13-2002 90381 001 \*\*\*\*61.25

0041593

Principal Place of Business

Mailing Address

1900 GANDY BLVD  
SAINT PETERSBURG FL 33702

1900 GANDY BLVD  
SAINT PETERSBURG FL 33702

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

59-3608890

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

SHI, JIANXIN J  
8641 - 124TH WAY NORTH  
SEMINOLE FL 33772-3314

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 PD  
NAME JIANXIN, SHI  
STREET ADDRESS 8641 124TH WAY NORTH  
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

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

TITLE SD  
NAME WANG, YUNGFEI  
STREET ADDRESS 10598 SHADY OAK LANE  
CITY-ST-ZIP LARGO FL 33777 ☐ Delete

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

TITLE TD  
NAME HUI, BARBARA  
STREET ADDRESS 5090 WHITE PINE CIR NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33713 ☐ Delete

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

TITLE VD  
NAME WANG, YUNGFEI  
STREET ADDRESS 9276 ELM CIR  
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 8, 02

(727) 872-4786

CR2E037 (9/01)