2001 UNIFORM BUSINESS REPORT (JBR)

DOCUMENT # P0000033274 1. Entity Name

CHANG BROTHERS, INC.

1/10/01

FILED Mar 14, 2001 8:00 am Secretary of State 01-10-2001 90005 025 ***150.00

Principal Place of Business			Mailing Address								
8378 PINE JOG AVE. BOCA RATON FL 33477			6378 PINE JOG AVE. BOCA RATON FL 33477								٠.
2. Principal P	Place of Busines:		3. Mailing Address		-	- 11					
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Suite, Apt.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					, .
City & State			City & State		·-	4. FEI Number 65 - 100352 Applied For Not Applicable					
Zip		Country	Zip	Coun	itry	5. Certif	ficate of Status Desire	ed 🗀 🏂	8.75 Adı 90 Require	ditional ad	1 3
	6. Name an	d Address of Current	Registered Agent			7. Name	and Address of No			<u> </u>	` -
PERRY, MARK A ESQ. 50 SE 4TH AVE.					Name CHA		CHIEN Jumber is Not Accep	SH/N table)			
	RAY BEACH FI	L 33483		!	6376	PINE	Jog	AVE			
					City BOLA	RATA	oN .	FL	Zip Cod	223	[]
8. The above	named entity su	omits this statement for	ythe purpose of changing	its registere	ed office or register	red agent, o	or both, in the State o	f Florida.			7 =
SIGNATURE	/ Phù	inted name of registered agent is	and the if applicable. (N	IOTE: Registere	d Agent signature required	when reinstate	na)	11-4 DATE	-01	<u> </u>	
	Oration is eligible	to satisfy its intangible elects to do so.			IS \$150.00 will be \$550.00	10	D. Election Campaign			O May Be	
	ria on back)		Make Check Pay			te	Trust Fund Contrib	ution.	Added	to Fees	
11.	` 	OFFICERS AND		12.		ADDITIO	ONS/CHANGES TO				╛╻┋
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13. I hereby c	ertify that the inf	ormation supplied with	this filing does not qualify true and accurate and that	for the exen	nption stated in Se	ction 119.0	7(3)(i), Florida Statut	es. I further certify	that the in	nformation	}
of the corp	paration or the re	ceiver or trustee empor	wered to execute this repo	irt as requiri	ure shall have the s ed by Chapter 607,	iame legal (, Florida St	effect as if made und atutes: and that my n	ier oath; that I am ame appears in B	an officer llock 11 or	or director Block 12 if	
changed	or on an attachn	nent with an address, w	vith all other like empowere	d.							1
SIGNAT	HRE.√	Min -8	r my				11-4	-01			
JIGITAL	THE.	IGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICE	A OA DIRECTO	OR .		Date	Dayti	me Phone #		