

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90159 010 ***150.00

DOCUMENT # P000000078731

1. Entity Name

Chin Garden, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

260 CRANDON BLVD

3. Mailing Address

18999 BISCAYNE BLVD

Suite, Apt. #, etc.

47

Suite, Apt. #, etc.

205

City & State

KEY BISCAYNE, FL

City & State

AVENTURA, FL

Zip

33149

Country

Zip

33180

Country

4. FEI Number

65-1033351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FAT CHIN CHEUNG

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

260 CRANDON BLVD, # 47

City

KEY BISCAYNE

FL

Zip Code

33149

**DO NOT WRITE
IN THIS SPACE**

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

Ki To Cheung
Manager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FAT CHIN CHEUNG
260 CRANDON BLVD # 47
KEY BISCAYNE, FL 33149

TITLE
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/02

CR2E034B (12/01)