

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091752

1. Entity Name

AIR CHONG CORPORATION

Principal Place of Business

642 S.W. 1ST STREET
APT #6
MIAMI FL 33130

Mailing Address

642 S.W. 1ST STREET
APT #6
MIAMI FL 33130

2. Principal Place of Business

7220 SW 129 CT
Suite, Apt. #, etc.
NA

3. Mailing Address

7220 SW 129 CT
Suite, Apt. #, etc.
NA

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

USA

Zip

33183

Country

USA

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS
270 N.E. 200TH TERRACE
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Rogelio Chong

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

7220 SW 129 CT

City

MIAMI

FL

Zip Code

33183

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

1/16/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	CHONG, ROGELIO	
STREET ADDRESS	642 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ADDYS	
STREET ADDRESS	642 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ROGELIO CHONG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7220 SW 129 CT	
STREET ADDRESS	MIAMI FL 33183	
CITY-ST-ZIP		
TITLE	ADDYS VAZQUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7220 SW 129 CT	
STREET ADDRESS	MIAMI FL 33183	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with a name change, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

04-10-2001 90129 034 ***150.00



65- DO NOT WRITE IN THIS SPACE
1042870

4. FEI Number

05-1042870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2034 (10/00)