

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90009 032 ***150.00

DOCUMENT # P00000091752

1. Entity Name
AIR CHONG CORPORATION

Principal Place of Business
7220 SW 129 CT
MIAMI FL 33183

Mailing Address
7220 SW 129 CT
MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7220 SW 129 CT
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33183
Country
USA

City & State
Zip
Country

4. FEI Number **65-1042870** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHONG, ROGELIO
7220 SW 129 CT
MIAMI FL 33183

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 **DATE**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHONG, ROGELIO 7220 SW 129 CT MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3/14/02

(205) 387-0586

CR2E034 (9/01)