

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90095 038 ***150.00

0356446 AV

DOCUMENT # P01000039150

1. Entity Name

TANG & CHEN BROTHERS, INC.

Principal Place of Business

**4200 COMMUNITY DRIVE
SUITE 1407
W PALM BEACH FL 33405**

Mailing Address

**4200 COMMUNITY DRIVE
SUITE 1407
W PALM BEACH FL 33405**

2. Principal Place of Business

4112 PGA BLVD.

3. Mailing Address

4112 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS

Zip

33410

Country

PALM BEACH

Zip

33410

Country

PALM BEACH

4. FEI Number

65-1098069

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, JIN HUA	
STREET ADDRESS	4200 COMMUNITY DRIVE, SUITE 1407	
CITY-ST-ZIP	W PALM BEACH FL 33405	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JIN HUA CHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01/17/02 (561) 627-7396**

Date

Daytime Phone #

CR2E034 (9/01)