

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90126 048 ***150.00

DOCUMENT # P01000092336

1. Entity Name

CHOZEN FEU ENTERTAINMENT CORPORATION

Principal Place of Business

**1602 ALTON ROAD
PMB 439
MIAMI BEACH FL 33130**

Mailing Address

**1602 ALTON ROAD
PMB 439
MIAMI BEACH FL 33130**



2. Principal Place of Business

1602 Alton Rd.

Suite, Apt. #, etc.

PMB 439

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Address

1602 Alton Rd.

Suite, Apt. #, etc.

PMB 439

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

12-382-9747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OKOSI, CHARLES C SR.

5070 ASHLEY LAKE DRIVE

831

BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

OKOSI, CHARLES C SR

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

5070 ASHLEY LAKE DRIVE

831

City

BOYNTON BEACH

FL

Zip Code

33139

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]

DEE BROWN

01/08/02

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 **CEO** ☐ Delete
NAME **BROWN, DEE**
STREET ADDRESS **1500 BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SPONTANEOUS REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

Date

305-674-7444

Daytime Phone #

CR2E034 (9/01)