

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90147 011 ***150.00

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DOCUMENT # P02000094383

1. Entity Name

CERA-LAUDERDILL, INC.



Principal Place of Business
7149 W. OAKLAND PARK BLVD
LAUDERHILL FL 33313

Mailing Address
7149 W. OAKLAND PARK BLVD
LAUDERHILL FL 33313

2. Principal Place of Business

7149 W. Oakland Park Blvd

3. Mailing Address

7177 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lauderhill, 1

City & State

Lauderhill FL

City & State

Lauderhill, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YI, SE S
936 SW 112 TERRACE
PEMBROKE PINES FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME YI, SE S
STREET ADDRESS 936 NW 112 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Delete

TITLE VP
NAME YI, ROBIN J
STREET ADDRESS 936 NW 112 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33325

☐ Delete

TITLE T
NAME YI, CHANG S
STREET ADDRESS 8111 NW 71ST AVENUE
CITY-ST-ZIP TAMARAC FL 33321

☒ Delete

TITLE S
NAME YI, SUSAN H
STREET ADDRESS 8111 NW 71ST AVENUE
CITY-ST-ZIP TAMARAC FL 33321

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954-816-1380

Daytime Phone #

CR2E034 (10/02)