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**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

P93000027451

**DOCUMENT #** 

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

## Sep 13, 2001 8:00 am Secretary of State CHIEF ENTERPRISES, INC. 09-13-2001 90014 020 \*\*\*550.00 Principal Place of Business Mailing Address 2275 WILLOWBROOK DRIVE 2275 WILLOWBROOK DRIVE CLEARWATER FL 34624 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3184837 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CHIN FENG HO** Street Address (P.O. Box Number is Not Acceptable) 2275 WILLOWBROOK DR **CLEARWATER FL 34624** City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01)TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME WEI, YOUCHING NAME 2275 WILLOWBROOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 34624-6744 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME HO, CHIN-FENG NAME STREET ADDRESS 2275 WILLOWBROOK DR STREET ADDRESS CITY-ST-7IP **CLEARWATER FL** CITY-ST-ZIP TITLE Delêtê TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

NAME

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.

THE CORNETIONADHO V.P.)

STREET ADDRESS