

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90003 020 ***150.00

WA

DOCUMENT # P94000013694

1. Entity Name
DR. ANGELLA R. CHIN-THOMPSON AND ASSOCIATES, P.A

Principal Place of Business
**7311 S.W. 62ND AVE.
 GROUND FLOOR
 SOUTH MIAMI FL 33143**

Mailing Address
**7311 S.W. 62ND AVE.
 GROUND FLOOR
 SOUTH MIAMI FL 33143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0473775**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIN-THOMPSON, ANGELLA R DR
 7311 S.W. 62ND AVE./
 GROUND FLOOR
 SOUTH MIAMI FL 33143**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	D			
	CHIN-THOMPSON, ANGELLA R	7311 S.W. 62ND AVE.	SOUTH MIAMI FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>

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

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 another like empowered.

SIGNATURE: *Angella Chin-Thompson* 07-13-01 (305) 665-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 94000013694
B0000581

Angela R. Chin-Thompson
7311 S.W. 62nd Ave.
Ground Floor
South Miami, FL 33143
305-665-4060

July 13, 2001

Division of Corporations
Uniforms Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

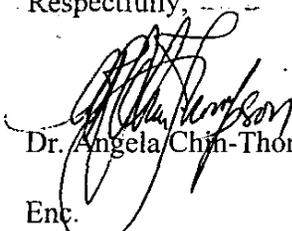
Re: 2001 Uniform Business Report
P. 94000013694

Dear Sir or Madam:

I am in receipt of the above referenced report which you indicate is delinquent. Please be advised that I never received the original report and was, therefore unable to make a timely payment/processing. I have enclosed \$150 which was the original fee (per conversation with a staff member at the Division). I respectfully request you abate the \$400 late fee as there was no willful intent in late payment/filing.

Thanks for your consideration in this matter.

Respectfully,


Dr. Angela Chin-Thompson

Enc.

cc: David R. G. Smith, CPA, CFP, CSFT

Enc.