

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005862

1. Entity Name

CHIA'S CORPORATION, INCORPORATED.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2808 SPIVEY LANE

Suite, Apt. #, etc.

3. Mailing Address

2808 SPIVEY LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3420661

Applied For

Not Applicable

Zip

32837

Country

Zip

32837

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CHIA, KUAN P

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

2808 SPIVEY LANE

City

ORLANDO

FL

Zip Code

32837

DO NOT WRITE
IN THIS SPACE

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]

CHIA KUAN P.

3-27-02

Signature of or printer's name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	CHIA, KUAN P
STREET ADDRESS	2808 SPIVEY LANE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	S
NAME	CHIA, MONICA
STREET ADDRESS	2808 SPIVEY LANE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

CHIA, KUAN P. PRESIDENT

3-27-02

407-296-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034B (12/01)

2/8/2002