

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **797000030883**

1. Entity Name

SYLVIE CHIN CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

303 W. 30th Blvd. West

1221 E. ROBINSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 245

City & State
Bradenton, FL

City & State
ORLANDO, FL

Zip

Country

Zip

Country

34205

32801

4. FEI Number

59-3450136

Applied For

Not Applicable

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

Name
FONG, DAVID

Street Address (P.O. Box Number is Not Acceptable)
1221 E. ROBINSON ST.

City
ORLANDO

FL

Zip Code
32801

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CHIANG, MAO-CHIN**
STREET ADDRESS **8725 53rd Road Place East**
CITY-ST-ZIP **Bradenton, FL**

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

TITLE **VD** ☐ Delete
NAME **ISABELLE, SYLVIE**
STREET ADDRESS **8725 53rd Road Place East**
CITY-ST-ZIP **Bradenton, FL**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15 (941) 748-0403

CR2E034 (11/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90033 033 ***150.00

A0055269

DO NOT WRITE IN THIS SPACE