

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033411

1. Entity Name

ASIAN CENTURY TRADE CENTER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 036 ***150.00

Principal Place of Business

Mailing Address

11133 NW 2ND CT
CORAL SPRINGS FL 33071
US

11133 N W 2ND COURT
CORAL SPRINGS FL 33071-8111
US

2. Principal Place of Business

3. Mailing Address

152 N.E. 167th Street

same

Suite, Apt. #, etc.
295

Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

FL

4. FEI Number

65-0745399

Applied For

Not Applicable

Zip

33162

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANG, THERESA C
11133 N W 2ND COURT
CORAL SPRINGS FL 33071

Name

Theresa C. Chang

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

152 n.E. 167th Street, #295

City

N. Miami Beach

FL

Zip Code

33162

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

4/25/00

Theresa C. Chang

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CHANG, THERESA	
STREET ADDRESS	11133 N W 2ND COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chang, Theresa	
STREET ADDRESS	152 NE 167 St, #295, N Miami Beach	
CITY-ST-ZIP	FL 33162	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zi-xiong Lu	
STREET ADDRESS	152 N.E. 167th Street, #295	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/25/00

(305) 945-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)