

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90263 025 \*\*\*150.00

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**DOCUMENT # P97000033411**

1. Entity Name  
**ASIAN CENTURY TRADE CENTER, INC.**



Principal Place of Business  
**152 NE 167TH STREET  
295  
N MIAMI BEACH FL 33162  
US**

Mailing Address  
**11133 N W 2ND COURT  
CORAL SPRINGS FL 33071  
US**

2. Principal Place of Business  
**152 N.E. 167th Street**

3. Mailing Address  
**152 N.E. 167th St**

Suite, Apt. #, etc.  
**#401**

Suite, Apt. #, etc.  
**#401**

City & State  
**N. Miami Beach, Fl.**

City & State  
**N. Miami Beach, Fl**

4. FEI Number **65-0745399**

Applied For  
Not Applicable

Zip  
**33162**

Country  
**Dade**

Zip  
**33162**

Country  
**Dade**

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

## 6. Name and Address of Current Registered Agent

**CHANG, THERESA C  
152 NE 167TH STREET  
#295  
N MIAMI BEACH FL 33162**

## 7. Name and Address of New Registered Agent

Name  
**Chang, Anthony**  
Street Address (P.O. Box Number is Not Acceptable)  
**152 N.E. 167th Street, #401**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS CHANG, THERESA 152 NE 167TH ST, #295 N MIAMI BEACH FL 33162</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZI-XIONG, LU 152 NE 167TH STREET, #295 N MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Chang, Anthony 152 N.E. 167th Street, #401 N. Miami Beach, Fl. 33162</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**april 3, 2003**

Date

Daytime Phone #

CR2E034 (10/02)