

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084709

1. Entity Name

SLC OF SOUTH FLORIDA CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90301 034 ***158.75

Principal Place of Business

1815 MEARS PARKWAY
MARGATE FL 33063

Mailing Address

P.O. BOX 97-0452
COCONUT CREEK FL 33097

645616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0785624**

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 re-appointing)

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 **PSD** ☐ Delete
NAME **CHONG, JOSEPH S**
STREET ADDRESS **1815 MEARS PARKWAY**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **PSD** ☒ Change ☐ Addition
NAME **Joseph Chong**
STREET ADDRESS **5379 Lyons Rd #107**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **VTD** ☒ Delete
NAME **PALACINO, JOANN**
STREET ADDRESS **1815 MEARS PARKWAY**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **Sianne L. Chong** ☐ Delete **→**
NAME **Sianne L. Chong**
STREET ADDRESS **5379 Lyons Rd #107**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **Sianne L. Chong** ☐ Change ☒ Addition
NAME **Sianne L. Chong**
STREET ADDRESS **5379 Lyons Rd #107**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)