

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90247 042 \*\*\*150.00

DOCUMENT # P98000004677

1. Entity Name

JADE COAST, INC.

Principal Place of Business

8161 NW ST PL  
CORAL SPRINGS FL 33060

Mailing Address

8161 NW 51 PL  
CORAL SPRINGS FL 33060

2. Principal Place of Business

8161 N W

Suite, Apt. #, etc.

51 PLACE

3. Mailing Address

8161 N W

Suite, Apt. #, etc.

51 PLACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33067

Country

Zip

33067

Country

4. FEI Number

65-0810384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~FILINGS, INC.~~

~~3732 N.W. 10TH STREET~~

~~FT. LAUDERDALE FL 33311-4132~~

7. Name and Address of New Registered Agent

Name

Dick R. Lee, Esq.

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

Dick Lee & Associates, P.A.

2701 S. Bayshore Drive, #605

City

Coconut Grove

FL

Zip Code

33133

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

*Dick R. Lee*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHIANG, BING J  
1000 E. ATLANTIC BLVD. SUITE 210F  
POMPANO BEACH FL 33060

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHIANG, BING J  
8161 NW 51 PLACE  
CORAL SPRINGS FL 33067

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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:

*Bing J. Chiang*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-a-01 (958)344-0052

Date

Daytime Phone #

0131954

CR2E034 (10/00)