

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
 01-16-2002 90194 030 ***150.00

DOCUMENT # P98000031096

1. Entity Name
LIN & CHEN ENTERPRISES, INC.

Principal Place of Business

**1547 STATE RD. 559
 POLK CITY FL 33868**

Mailing Address

**1547 STATE RD. 559
 POLK CITY FL 33868**

2. Principal Place of Business

1801 Hwy 559
 Suite, Apt. #, etc.

3. Mailing Address

539 N Mills Ave
 Suite, Apt. #, etc.

City & State

Polk City, FL

City & State

Mando, FL

Zip

33868

Country

U.S.A.

Zip

32803

Country

U.S.A.

4. FEI Number

59-3505729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LIN, LIEN-TE
 3555 HAVENDALE BLVD.
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **Lin, Lien-Te**
 Street Address (P.O. Box Number is Not Acceptable)
801 Arietta Circle North
 City **Auburndale** **FL** Zip Code **33823**

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 **Lin, Lien-Te**
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LIN, LIEN-TE	
STREET ADDRESS	3555 HAVENDALE BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHEN, YU FEN	
STREET ADDRESS	3555 HAVENDALE BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	only address	
STREET ADDRESS	801 Arietta Circle North	
CITY-ST-ZIP	Auburndale, FL 33823	
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		
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: **Lin, Lien-Te** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)