

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37523

1. Entity Name

CHIVON SERVICES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90322 021 ***150.00

Principal Place of Business

Mailing Address

2821 EAST COMMERCIAL BLVD.
SUITE 201
FT. LAUDERDALE FL 33308

2919 E. COMMERCIAL BLVD.
A
FT. LAUDERDALE FL 33308-4207
US

Principal Place of Business

Mailing Address

2800 E. Commercial Blvd
Ste 208
City & State
FL. LAUDERDALE
Zip
33308
Country

2800 E. Commercial Blvd
Ste 208
City & State
FL. LAUDERDALE
Zip
33308
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0336311

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
2919 E COMMERCIAL BLVD
SUITE A
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Allen H. Katz
Street Address (P.O. Box Number is Not Accepted)
2800 E. Commercial Blvd
Ste 208
City & State
FL. LAUDERDALE FL Zip Code 33308

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 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	QUANG, CHI	
STREET ADDRESS	2821 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		
STREET ADDRESS	7143 Somersworth Dr	
CITY-ST-ZIP	Orlando, FL 32835	
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:

Mr. Chi T. Quang

Date

Daytime Phone #

CR2E034 (9/99)