

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90003 018 \*\*\*150.00

**DOCUMENT # V43614**

**1. Entity Name**  
**CHUI CHIA, INC.**

**Principal Place of Business**  
**2738 BURWOOD AVE**  
**ORLANDO FL 32809**  
**US**

**Mailing Address**  
**539 N MILLS AVE**  
**ORLANDO FL 32803**  
**US**

**2. Principal Place of Business**

**7615 South O.B.T.**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Orlando, FL**

**City & State**

**Zip**

**32809**

**Country**

**U.S.A.**

**Zip**

**Country**

**4. FEI Number**

**59-3125855**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHUI, GAI MEN**  
**2738 BURWOOD AVE**  
**ORLANDO FL 32837**

**7. Name and Address of New Registered Agent**

**Name**

**CHUI, GAI MEN**

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

**7615 South O.B.T.**

**City**

**Orlando**

**FL**

**Zip Code**

**32809**

**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]*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**  
**NAME** **CHUI, GAI MEN**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D**  
**NAME** **CHUI, GAI MEN**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **D**  
**NAME** **CHUI, ANN MARIA**  
**STREET ADDRESS** **2738 BURWOOD AVE**  
**CITY-ST-ZIP** **ORLANDO FL**

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*July - 3-01 -*

CR2E034 (5/01)

5474

DATE Feb - 22

TO F-L. Rep of State

FOR Tax

TAX DEDUCTIBLE ☐

BAL BRO'T FOR'D 981214

DEPOSITS 150 00

TOTAL 966814

THIS CHECK 3000

OTHER TRANS. 43322

BALANCE

Attachment  
 #V43644  
 A0070734

5475

DATE Feb 23

TO Apple Car License PUN

FOR Tax

TAX DEDUCTIBLE ☐

BAL BRO'T FOR'D 1060196

DEPOSITS 221 00

TOTAL 1038096

THIS CHECK 112988

OTHER TRANS. +/-

BALANCE 1151080

5476

DATE Feb - 25

TO U.S. Treasury

FOR Tax

TAX DEDUCTIBLE ☐

BAL BRO'T FOR'D

DEPOSITS 20448

TOTAL 726636

THIS CHECK

OTHER TRANS. +/-

BALANCE

Attachment  
DH# V43614  
A6076734

Chui Chia, Inc.  
7615 South Orange Blossom Trail  
Orlando, FL 32809

July 3, 2001

Florida Department of State  
P.O. BOX 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

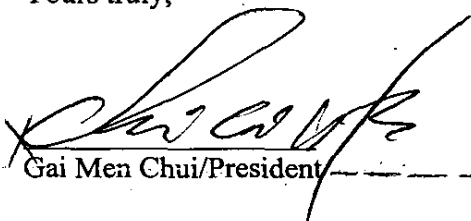
2001 Annual Report  
Document Number: V43614

We refer to the above matter. Please note that we have issued a payment of \$150.00 check number 5474 on February 22, 2001 (see attached) for the 2001 annual report. However, this check is never been debited from our bank and I suppose this check must has been lost in the mail.

We have called the bank to void the check number 5474 and reissue you a new check of \$150.00 for the 2001 annual report. We would appreciate if you could waive the penalty due to this unforeseen circumstance.

Thank you.

Yours truly,

  
Gai Men Chui/President

THIS DOCUMENT IS THE PROPERTY OF THE FLORIDA DEPARTMENT OF STATE  
IT IS TO BE RETURNED TO THE FLORIDA DEPARTMENT OF STATE  
IF IT IS NOT BEING USED FOR THE PURPOSES FOR WHICH IT WAS ISSUED