

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90011 006 \*\*\*150.00

**DOCUMENT # 847260**

1. Entity Name

**VAN AN CO., INC.**

Principal Place of Business

**% C. BRENT MCCAGHREN, ESQ.  
 250 PARK AVE. SOUTH, BOX 880  
 WINTER PARK FL 32790**

Mailing Address

**% C. BRENT MCCAGHREN, ESQ.  
 250 PARK AVE. SOUTH, BOX 880  
 WINTER PARK FL 32789-4388**

**707595**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1770396**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCAGHREN, C. BRENT, ESQ.  
 250 SOUTH PARK AVENUE, FIFTH FLOOR  
 WINTER PARK FL 32789**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TSENG-VAN LIEU, DAVID</b>
STREET ADDRESS	<b>1201 GREAT EAGLE CENTRE</b>
CITY-ST-ZIP	<b>HONG KONG</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHEN, MADAME SHIRLEY S.L.</b>
STREET ADDRESS	<b>1201 GREAT EAGLE CENTRE</b>
CITY-ST-ZIP	<b>HONG KONG</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>YU, MR. CHENG-YUNG</b>
STREET ADDRESS	<b>300 WINSTON DR.</b>
CITY-ST-ZIP	<b>CLIFFSIDE PARK NJ</b>
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHEN, TEK M. (TOM)</b>
STREET ADDRESS	<b>133 HIGHWOOD AVE</b>
CITY-ST-ZIP	<b>LEONIA NJ 07605</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIEU, MARLENE</b>
STREET ADDRESS	<b>66 KENSINGTON DRIVE</b>
CITY-ST-ZIP	<b>FORT LEE NJ 07024</b>
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/00**

Date

Daytime Phone #

CR2E034 (9/99)