

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90621 001 \*\*\*395.00

**DOCUMENT # N49645**

1. Entity Name

**PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS**

Principal Place of Business

Mailing Address

550 N.W. LEJEUNE RD  
 MIAMI FL 33126  
 US

550 N.W. LEJEUNE RD  
 MIAMI FL 33126  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**WALL, NELSON C.**  
**550 NW LEJEUNE ROAD**  
**MIAMI FL 33135**

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 \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	TSAI, CHON L DR	
STREET ADDRESS	TAIWAN WELDING SOCIETY, OSU	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHUNG, PAUL/MIRDC DR	
STREET ADDRESS	1001 KAONAN HWY KAUHSIUNG, TAIWAN	
CITY-ST-ZIP	REPUBLIC OF CHINA 811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WANG, OILONG DR	
STREET ADDRESS	65 HE XING LU	
CITY-ST-ZIP	HARBIN, CHINA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMALLBONE, CHRIS	
STREET ADDRESS	WTIA, UNIT 3, STE 2, 9 PARAMATTA RD	
CITY-ST-ZIP	LIDCOMBE, NSW	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALL, NELSON C DR	
STREET ADDRESS	550 N.W. LEJUNE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**WALL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

305-443-9353

Date

Daytime Phone #

40841



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)