

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 91050 001 \*\*\*122.50

**DOCUMENT # N49645**



1. Entity Name  
**PACIFIC OCEAN COALITION OF WELDING ASSOCIATIONS  
(POCWA), INC.**

Principal Place of Business  
**550 N.W. LEJEUNE RD  
MIAMI FL 33126  
US**

Mailing Address  
**550 N.W. LEJEUNE RD  
MIAMI FL 33126  
US**

**00049601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

~~HUFSEY, JEFFERY 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHUNG, PAUL	
STREET ADDRESS	1001 KAONAN HIGHWAY	
CITY-ST-ZIP	NATZ KAOSIU TAIWAN 811 ROC	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TSAI, CHON L.	
STREET ADDRESS	RM 217 130 SEC. 3 KEELUNG RD.	
CITY-ST-ZIP	TAIPEI TAIWAN R.O.C.	
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	HUFSEY, JEFFREY	
STREET ADDRESS	550 N.W. LEJUNE RD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FUJITA, YUZURU	
STREET ADDRESS	1001 KAONAN HIGHWAY	
CITY-ST-ZIP	NANTZ KAOH TAIWAN 811 R.O.C	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANEZIC, SLAUKO	
STREET ADDRESS	7250 W CREDIT AVE	
CITY-ST-ZIP	MISSISSAUGA, ONT. L5N 5N1 CANADA	
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	VPD	
STREET ADDRESS	FUJITA, YUZURU	
CITY-ST-ZIP	1-11 KANDA SOKUMA-CHO TOKYO, JAPAN 101	
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 line empowered.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (10/02)