

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90022 035 ****61.25

DOCUMENT # N98000007123

1. Entity Name

SOUTH FLORIDA TAIWANESE ASSOCIATION, INC.



Principal Place of Business

3989 SW 141 AVE
DAVIE FL 33330

Mailing Address

3989 SW 141 AVE
DAVIE FL 33330

2. Principal Place of Business

7600 SW 116th St.

Suite, Apt. #, etc.

Miami, FL

City & State

Zip 33156

Country USA

3. Mailing Address

B-CHEN WEN

Suite, Apt. #, etc.

7600 SW 116th St.

City & State

Zip 33156

Country USA

6. Name and Address of Current Registered Agent

MOH, SALLY
3989 SW 141 AVE
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name B-CHEN WEN

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

7600 SW 116th St.

City Miami

FL

Zip Code 33156

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

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
Due By May 1, 2004

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

TITLE D ☐ Delete
NAME CHIEN, PAO-TSAI
STREET ADDRESS 10929 N.E. 8 AVE
CITY-ST-ZIP MIAMI FL 33161

TITLE D ☒ Delete
NAME MOH, SALLY
STREET ADDRESS 3989 SW 141 AVE
CITY-ST-ZIP DAVIE FL 33330

TITLE D ☐ Delete
NAME WEN, B-CHEN
STREET ADDRESS 7600 S.W. 116 ST
CITY-ST-ZIP MIAMI FL 33156

TITLE Vice President ☐ Delete
NAME Ray cheng
STREET ADDRESS 2491 NW 107 Ave
CITY-ST-ZIP Coral Sping, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94016866



MOORE

CR2E037 (11/03)

4. FEI Number 52-1582817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

B-chen Wen (President)

2/10/04

2/10/04

305-243-4337