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

FILED
03-05-2003 90046 032 ****61.25
03 MAR 24 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800046969

DOCUMENT # N98000007123

1. Entity Name

South Florida Taiwanese Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3989 S.W. 141 AVE	~~10225 N.E. 8 AVE~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
~~Box~~	
City & State: Davie, FL	City & State: ~~Miami~~
Zip: 33330 Country: Broward	Zip: ~~FL 33161~~ Country: ~~Miami~~

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03-05-2003 90046 032 6125

4. FEI Number: X 52-158-2817 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Sally Moh

Street Address (P.O. Box Number is Not Acceptable): 3989 S.W. 141 AVE

City: Davie FL Zip Code: 33330

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: _____ 2/18/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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
NAME	Sally Moh
STREET ADDRESS	3989 S.W. 141 AVE
CITY-ST-ZIP	Davie, FL 33330
TITLE	D
NAME	B-chen Wen
STREET ADDRESS	7600 S.W. 116 St
CITY-ST-ZIP	Miami, FL 33156
TITLE	D
NAME	Pao-Tsai Chien
STREET ADDRESS	10929 N.E. 8 AVE
CITY-ST-ZIP	Miami, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TS
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR