2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90367 035 ***150.00

DOCUMENT # P99000006667

1. Entity Name
BO-SHIH NI C.A., P.A.

Principal Place of Business
2401 W EAU GALLIE BLVD
STE 3
MELBOURNE FL 33935

Mailing Address
240 FLORIDA BLVD.
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2401 W. Eau Gallie Blvd.
Suite, Apt. #, etc.: Suite 3
City & State: Melbourne. FL
Zip: 32935 Country:

3. Mailing Address: 2401 W. Eau Gallie Blvd.
Suite, Apt. #, etc.: Suite 3
City & State: Melbourne FL ~~32935~~
Zip: 32935 Country:

4. FEI Number: 59-3564535 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NI, BO-SHIH
240 FLORIDA BLVD.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name: Ni, Bo-Shih
Street Address (P.O. Box Number is Not Acceptable): 2401 W. Eau Gallie Blvd. Suite 3
City: Melbourne **FL** Zip Code: 32935

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, 2002 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	D ☒ Delete	TITLE	President ☐ Change ☐ Addition
NAME	NI, BO-SHIH	NAME	Ni, Bo-Shih
STREET ADDRESS	240 FLORIDA BLVD.	STREET ADDRESS	2401 W. Eau Gallie Blvd. Suite 3
CITY-ST-ZIP	MERRITT ISLAND FL 32953	CITY-ST-ZIP	Melbourne FL 32935
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 — 1/8/02 — (321) 757-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)