## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 387750 Mar 29, 2000 8:00 am **Secretary of State** THE SIEW CORPORATION 03-29-2000 90050 023 \*\*\*150.00 Principal Place of Business Mailing Address 20 SOUTH FED HIGHWAY 20 SO, FED, HWY, LAKE WORTH FL 33460-3838 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address 1321. 320 N. DIXIE HW) 320 N. DIXIE HWY Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1358900 LAKE -AKE WORTH, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33460 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIEW, ERIKA dress (P.O. Box Number is Not Acceptable) **インドン・フルータン** 212 18 AVE S. LAKE WORTH FL 33460 Zip Code 33461-6276 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CD5 CDS TITLE ☐ Delete TITLE SIEW, BALKARAN F.J. 2669 GARDEN DR. SOUTH, #109 SIEW.BALKARAN F J NAME NAME STREET ADDRESS 212 18 AVE SOUTH STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461-6276 CITY-ST-ZIP LAKE WORTH FL PDT TITLE TITLE Delete .\_\_ SIEW, ERIKA 2669 GANDEN DR SOUTH, #109 NAME SIEW, ERIKA NAME STREET ADDRESS STREET ADDRESS 212 18 AVENUE SOUTH CITY-ST-ZIP LAKE WORTH, FL 33461-6276 CITY-ST-ZIP LAKE WORTH FL ☐ Addition .... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-7IP

CORP. SECRETARY GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR