

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90074 003 ***158.75

DOCUMENT # F02000006167

1. Entity Name

PC WAVE INC.



Principal Place of Business

11013 NW 30TH STREET STE. 115
MIAMI FL 33172

Mailing Address

11013 NW 30TH STREET STE. 115
MIAMI FL 33172

2. Principal Place of Business

44150 S. GRIMMER BLVD.

3. Mailing Address

Same as 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FREMONT CA

City & State

Same as 2.

Zip

94538

Country

USA

Zip

Country

4. FEI Number

77-0391465

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LO, SEE SEE

11013 NW 30TH STREET STE. 115
MIAMI FL 33172

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME LO, SEE SEE
STREET ADDRESS 44150 S GRIMMER BLVD
CITY-ST-ZIP FREMONT CA 94538 ☐ Delete

TITLE DP
NAME CHEN, MING-CHUN
STREET ADDRESS 44150 S GRIMMER BLVD
CITY-ST-ZIP FREMONT CA 94538 ☐ Delete

TITLE DP
NAME CHEN, CHIA-SHENG
STREET ADDRESS 44150 S GRIMMER BLVD
CITY-ST-ZIP FREMONT CA 94538 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 607, 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] **LO, SEE SEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEE SEE LO

March 14, 2003

510-226-3868

Date

Daytime Phone #

CR2E034 (10/02)