

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000311**

1. Entity Name

ATG Microsystems International, Inc.

Principal Place of Business

**5129 NW 86th Ave.
Miami, FL 33122**

Mailing Address

**P.O. Box 431
S. Bound Brook,
NJ 08880**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 431

Suite, Apt. #, etc.

City & State

S. Bound Brook, NJ

Zip

08880

Country

4. FEI Number

3330618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Chi-Hua Su
5129 NW 86th Ave.
Miami, FL 33122**

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.

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, 2000 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

TITLE	President	☐ Delete
NAME	Min-Tsong Chang	
STREET ADDRESS	19 Scheurman Terr.	
CITY-ST-ZIP	Green Brook, NJ 08812	
TITLE	V.P.	☐ Delete
NAME	Min-Yau Chang	
STREET ADDRESS	12 Deercross Lane	
CITY-ST-ZIP	N. Brunswick, NJ 08902	
TITLE	Treasurer	☐ Delete
NAME	Chun-Jen Lin	
STREET ADDRESS	2 Montfort Drive	
CITY-ST-ZIP	Boile Head, NJ 08502	
TITLE	Secretary	☐ Delete
NAME	Jiasen Wang	
STREET ADDRESS	7 Kevin Rd.	
CITY-ST-ZIP	E. Brunswick, NJ 08816	
TITLE	Director	☐ Delete
NAME	James Liu	
STREET ADDRESS	7 Golden Pond Dr.	
CITY-ST-ZIP	Milltown, NJ 08850	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TS

06-09-2000 90215 024-18

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

Daytime Phone #

FILED

00 JUN 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80101598

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)