## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 04, 2000 8:00 am Secretary of State OCUMENT # F97000005583 Entity Name FASCO INTERNATIONAL, INC. 02-04-2000 90078 036 \*\*\*150.00 Flace of Business اجريان Mailing Address 3075 COHASSET ROAD - COHASSET ROAD CHICO CA 95973-0970 CA 95973 913015 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0289018 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMMERSON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4148 LOUIS AVE HOLIDAY FL 34691 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Change ☐ Addition PCD ✓ Delete TITLE CHAN, KENNY NAME STREET ADDRESS **5 STONEWOOD COURT** CITY-ST-ZIP ST ZIP CHICO CA Change ☐ Addition Delete TITLE CHAN, MONICA STREET ADDRESS **5 STONEWOOD COURT** CITY-ST-ZIP ST-ZIP CHICO CA : Delete \_TITLE HORNG-JHY, WEI NAME STREET ADDRESS 2 VIA FLORA COURT CITY-ST-ZIP ST ZIP CHICO CA ☐ Delete TITLE ☐ Change Addition CHARNG-YI, CHEN NAME STREET ADDRESS 271 DAGUE DRIVE CITY-ST-ZIP ST ZIP WALNUT CA Director Alex Yaung 301 W. VALLEY BLVD. ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST 7IP **SUITE 220** ☐ Change ☐ Addition ☐ Delete TITLE SAN GABRIEL, CA 91776\_ NAME STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

WEI, HORNG - JYH 1/28/00 (53.) 898-1773