2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

DOCUMENT # F9900000705 1. Entity Name					05-22-2001 90060 012 ***150.00			
AMTOPP	CORPORATION _							
Principal Place of Business Mailing Address								
9 PEACH TREE HILL ROAD LIVINGSTON NJ 07039		9 PEACH TREE HILL ROAD LIVINGSTON NJ 07039						
					┙ □ □005639	n .		
2. Principal Place of Business		3. Mailing Address				U		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 22-3103903		Applied For Not Applicable		
Zip	Country	Žip Coun		un try	5. Certificate of Status Desired \$8.75 Additional Fee Required		Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	<u> </u>	7. Name and Address of New Register		funed	
		*		Name				
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
	AYŞ STREET				-			
TALLAH	ASSEE FL 32301-2	2525		City		Zir	Code	
				[registered agent, or both, in the State of Flo			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State								
		A LANGE TO A CONTROL OF THE PARTY OF THE PAR	12.	er en te ime	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 11	
11. TITLE	OFFICERS AND	Delete	112.		ADDITIONS/CHANGES TO OFFICERS A		ange Addition	
NAME	HSIEH, HOMER	L 30000	NAME			لــا	;	
STREET ADDRESS	9 PEACH TREE HI	LL ROAD		ET ADDRESS				
CITY - ST - ZIP	LIVINGSTON NJ			- ST - ZIP			;	
TITLE	V CURNO V T	Delete	TITLE			L] Cha	ange Addition	
NAME STREET ADDRESS	CHANG,Y L 9 PEACH TREE HI	I.I. ROAD	J	ET ADORESS			- ∤.	
CITY - ST - ZIP	LIVINGSTON NJ	110110	CITY	- ST - ZIP			:	
TITLE	S	Delete	TITLE			Cha	ange 🔲 Addition 🗀	
NAME	NIGHTINGALE, ALICE M							
STREET ADORESS CITY - ST - ZIP	9 PEACH TREE HI LIVINGSTON NJ	LL ROAD		ET ADDRESS - ST - ZIP				
TITLE	T	Delete	TITLE			Chi	ange Addition	
NAME	LIAO, T Y		NAME	i			_	
STREET ADDRESS	9 PEACH TREE HI		1	ET ADDRESS			[
CITY - ST - ZIP	LIVINGSTON TREE			-ST-ZIP		☐ Ch:	ange Addition	
title Name	D WANG, SUSAN	Delete	TITLE				Ingo Addition	
STREET ADDRESS	9 PEACH TREE HI	LL ROAD		ET ADDRESS			i i	
CITY - ST - ZIP	LIVINGSTON NJ		CITY	- ST - ZIP				
TITLE	D TOUNG TOUN DIN	Delete	TITLE			∐ Chi	ange Addition	
NAME STREET ADDRESS	100MG, JOHN DING E			ET ADDRESS			İ	
CITY - ST - ZIP	LIVINGSTON NJ	TH MOND	-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.								
SIGNATI		right	<u>-</u> -Q-	·	4/26/01			
	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIG	NING OFF	ICER OR DIREC	TOR Date	Daytime	Phone#	

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