

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81862

1. Entity Name

TAIPEI INTERNATIONAL CORP.

FILED

Jan 27 2000 8:00 am

Secretary of State

Principal Place of Business

Mailing Address

48 E FLAGLER
MIAMI FL 33131

48 E FLAGLER
MIAMI FL 33131-1011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2346481

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YUAN-HSUN, HSIA
9810 S.W. 3RD ST.
MIAMI FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)
7120 SW 107 Terrace

City

Miami

FL

Zip Code 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YUAN-HSUN, HISA	
STREET ADDRESS	9810 S.W. 3RD ST.	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	HSIA, HSIA L	
STREET ADDRESS	9810 SW 3 STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUAN-HSUN, HSIA	
STREET ADDRESS	7120 SW 107 Terrace	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSIA, HSIA L	
STREET ADDRESS	7120 SW 107 Terrace	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300003119433-2
-02/01/00--01126--007
****150.00 ****150.00

TS

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.

SIGNATURE:

YUAN-HSUN, HSIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yuan-Hsun Hsia 01-11-00

Date

Daytime Phone #