## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H82669  1. Entity Name  I.W.C. INTERNATIONAL, INC.					Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90003 027 ***150.00		
Principal Place 5110 CAUSEV TAMPA FL 33 US		Mailing Address 5110 CAUSEWAY BLVD. TAMPA FL 33619 US					404 <b>440</b> 4 1 <b>80</b>
2. Principal P	flace of Business	3. Mailing Address	. Mailing Address			H BURNI BARNI B	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State		- ,	4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country			8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered A		
HSIAO, LESLIE 8731 TANTALLON CIRCLE				Name	JP O Pay Number is Not Assertable)		
			ļ	Street Address (P.O. Box Number is Not Acceptable)			
tampa fi	_ 33647		(	City	FL	Zip Cod	e
8. The above	named entity submits this statement f	or the purpose of changing its	registered o	office or registe	ered agent, or both, in the State of Florida.	1	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Ag	ent signature require	ed 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!!!  After May 1, 2002  Make Check Payable			02 Fee wil	l be \$550.00	ate 10. Election Campaign Financing  Trust Fund Contribution. □		<b>0</b> May Be I to Fees
11.	OFFICERS AND		12.	·	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-SI-ZIP	D/P HSIAO, LESLIE 8731 TANTALLON CIRCLE TAMPA FL 33647	☐ Delete	TITLE NAME STREET A CITY-ST-	1	1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V TU, PETER 7 KIMBERLY COURT MARSHFIELD MA 02050	□ Delete	TITLE NAME STREET A CITY-ST-	1.	The state of the s	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KUO, SU-HUI 2713 FALLING LEAVES DR. VALRICO FL 33594	☐ Delete	TITLE NAME STREET AI			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	l l		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-		[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	ZIP	ection 119.07(3)(i), Florida Statutes. I further certify	Change	Addition

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:**