

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76876

1. Entity Name
PAOYU, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90051 040 ***150.00

Principal Place of Business

% PAOYU SHIAO
7713 TURKEY LAKE ROAD
ORLANDO FL 32819

Mailing Address

P O BOX 690297
ORLANDO FL 32819
US

2. Principal Place of Business

9 YOWL DR

3. Mailing Address

9 YOWL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL 32931

City & State

COCOA BEACH, FL 32931

4. FEI Number

59-2945831

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

SHIAO, PAOYU
8711 SANDBERRY BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
Shiao, Paoyu
Street Address (P.O. Box Number is Not Acceptable)
9 YOWL DR
COCOA BEACH, FL 32931
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, 2001 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 D
NAME SHIAO, PAOYU
STREET ADDRESS 8711 SANDBERRY BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Shiao, Paoyu
STREET ADDRESS 9 YOWL DR
CITY-ST-ZIP COCOA BEACH, FL 32931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)