

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90063 027 ***158.75

DOCUMENT # L28378

1. Entity Name
SAIPLAS CORPORATON

Principal Place of Business

C/O JAMES T. TSAI
8544 HUNTERS CREEK N.
JACKSONVILLE FL 32256
US

Mailing Address

C/O JAMES T. TSAI
8544 HUNTERS CREEK N.
JACKSONVILLE FL 32256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2928688**

Applied For
 Not Applicable

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

TSai, JAMES T.
8544 HUNTERS CREEK DR. N.
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2002 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	PD	☐ Delete
NAME	TSai, JAMES T.	
STREET ADDRESS	8544 HUNTERS CREEK N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☒ Delete
NAME	TSai, PAUL W.	
STREET ADDRESS	9332 POWER DRIVE	
CITY-ST-ZIP	HUNTINGTON BEACH CA	
TITLE	D	☐ Delete
NAME	TSai, KEVIN	
STREET ADDRESS	8123 MIDDLE FORK WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	JIANG, STEVE	
STREET ADDRESS	311 PEACHTREE HILL AVE, APT 16C	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ Delete
NAME	LOH, YIN C.	
STREET ADDRESS	730 SUMMIT CIRCLE S.E.	
CITY-ST-ZIP	N. CANTON OH	
TITLE	VD	☐ Delete
NAME	TSai, CONNIE E	
STREET ADDRESS	8544 HUNTERS CREEK N	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	TSai, NANCY LIN	
STREET ADDRESS	8544 Hunters Creek N.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-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.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2002 904-363-6448

Date

Daytime Phone #

CR2E034 (9/01)