2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

M25041

1. Entity Name



FILED Feb 20, 2003 8:00 am Secretary of State

ABTRON (USA) INC.								02-20-2003 9	0131 050 ***	150.00	
Principal Pl 2920 NW 79 MIAMI FL 3		3	2920	Mailing Address 2920 NW 79TH AVE MIAMI FL 33122			+ 188/2811 118 1188/ 6744 68411 1188/				
Principal Place of Business 3. Mailing Address					, , , , , , , , , , , , , , , , , , ,						
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 59-2617455		Applied For	Applied For Not Applicable	
Zip Country			Zip	Zip Cour		ntry 5.		Certificate of Status Desired	\$8.75	Additional	+
	6. Name	and Address of Curre	ent Register	ed Agent			7. N	ame and Address of New Reg			\dashv
VINO V	<u> </u>			المسلمة بالمستحد		Name _				-	7
YING, YOU CHI 2920 NW 79 AVENUE					-	Street Address		ox Number is Not Acceptable)		-	\dashv
MIAMI FI	L 33122							71		·	1
	·					City			FL Zip	Code	\dashv
8. The above the obligation	re named entity ations of registe	submits this statemen red agent:	t for the purp	oose of changing its r	registered	office or registe	ered agei	nt, or both, in the State of Florid	da. I am familiar v	vith, and accept	+
SIGNATURE	Simulation					·- ,,,,					
<u> </u>		printed name of registered ag	ent and title if app	olicable. (NOTE:	Registered A	Agent signature require	ed when rein	stating)	DATE		
	FILE NOW!!!	FEE IS \$150.00						9. Election Campaign Finan	ocina A	F 00	7
Make Ched	ck Payable to	3 Fee will be \$550.0 Florida Department	of State				ĺ	Trust Fund Contribution.	· — •	5.00 May Be Ided to Fees	
10.	OFFICERS AND DIRECTO			TORS 11.			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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NAME	TSAI, RONG			•	NAME						Ì
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ITY-ST-ZIP	pertify that the in	nformation supplied wi	th this filler	: 	NAME STREET AU CITY-ST-	DDRESS ZIP			☐ Chang	e	

indicated on this report or supplied with this filling 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 10 or Block 11 if

SIGNATURE: 太

SGNATURE AND TYPEST OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-477-0147