

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000055

Entity Name

NI CHENG HUA TRUST FOUNDATION, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90076 031 ****61.25

Principal Place of Business

10 MACALLAN DR
TAMPA FL 33625

Mailing Address

5610 MACALLAN DR
TAMPA FL 33625

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-7120613

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

WANG, ALFRED
5610 MACALLAN DR
TAMPA FL 33625

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WANG, ALFRED | |
| STREET ADDRESS | 5610 MACALLAN DR | |
| CITY-ST-ZIP | TAMPA FL 33625 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIN, FRED | |
| STREET ADDRESS | 2976 ELYSIUM WAY | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HO, CHIN-FENG | |
| STREET ADDRESS | 2275 WILLOWBROOK DR | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

02/05/02 (813) 908 2778

Date

Daytime Phone #

CR2E037 (9/01)