

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90032 049 ****61.25

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1. Entity Name
**THE CULTURAL AND EDUCATIONAL SCHOLARSHIP
FOUNDATION OF TAIWAN BUSINESS ASSOCIATION OF
SOUTH FLOR**

Principal Place of Business
**1951 NW 22ND ST
FT LAUDERDALE, FL 33311 US**

Mailing Address
**P.O. BOX 526842
MIAMI, FL 33152-6842**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

319 Candia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip

Country

33134

FL

03182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-1130985

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

**LIU, PAT V
319 CANDIA AVENUE
MIAMI, FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WU, TSAI-HUI**
CITY-ST-ZIP **1951 NW 22ND ST
FT LAUDERDALE, FL 33311**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LIU, PAT V**
CITY-ST-ZIP **319 CANDIA AVE
MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2008
Date

Daytime Phone #