

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90034 042 ****70.00

DOCUMENT # N95000000071

1. Entity Name

TAIWAN BUSINESS ASSOCIATION IN FLORIDA, INC.

Principal Place of Business

P.O. BOX 593511
 MIAMI FL 33159-3511
 US

Mailing Address

4490 NW 72ND AVE
 MIAMI FL 33166-5611
 US

2. Principal Place of Business

3. Mailing Address

2234 NW 82nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami FL

4. FEI Number

65-0547474

Applied For

Not Applicable

Zip

Country

Zip

Country

33122

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHENS, RAY
 4490 NW 72ND AVE
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name Jin Yew (Peta) Yu
 Street Address (P.O. Box Number is Not Acceptable)
2234 NW 82 Ave.
 City Miami FL Zip Code 33167

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

[Handwritten Signature]

Jin Yew Yu

3/7/00

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHENS, RAY	
STREET ADDRESS	4490 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIH, JUSTIN Q	
STREET ADDRESS	8400 N.W. 17 ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNG, DAVID	
STREET ADDRESS	4601 NW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS LIN	
STREET ADDRESS	800 SW 3rd Ave.	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones Hsieh	
STREET ADDRESS	4515 NW 72nd Ave.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

305-716-9000

Date

Daytime Phone #

CR2E037 (9/99)