

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-27-2003 90240 012 ****61.25

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DOCUMENT # **N95000000071**



1. Entity Name
TAIWAN BUSINESS ASSOCIATION IN FLORIDA, INC.

Principal Place of Business

**3401 N. FEDERAL HWY., STE. 209
BOCA RATON FL 33431
US**

Mailing Address

**3401 N. FEDERAL HWY., STE. 209
BOCA RATON FL 33431
US**

55007238



2. Principal Place of Business

1951 N.W. 22nd St.

3. Mailing Address

1951 N.W. 22nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number **65-0547474**

Applied For

Not Applicable

Zip

33311

Country

U.S.A.

Zip

33311

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAO, JANE
3401 N. FEDERAL HWY., STE. 209
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **WU, TSAI-HUI**
Street Address (P.O. Box Number is Not Acceptable)
1951 N.W. 22nd Street
City **Ft. Lauderdale** FL Zip Code **33311**

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.

WU, TSAI-HUI

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 18, 2003

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	NG, JOHNNY	
STREET ADDRESS	1480 N.W. 96TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUNG, DAVID	
STREET ADDRESS	4601 N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAO, JANED	
STREET ADDRESS	3401 N. FEDERAL HWY., STE. 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	WU, TSAI-HUI	
STREET ADDRESS	1951 N.W. 22nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NG, Johnny	
STREET ADDRESS	1480 N.W. 96th Ave.	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIU, PAT VAN	
STREET ADDRESS	319 Candia Ave.	
CITY-ST-ZIP	Miami, FL 33134	
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)(f), 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: **WU, TSAI-HUI**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2003
Date

Daytime Phone #

CR2E037 (10/02)