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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000005039

1. Entity Name
UNI-APEX (USA) INC.



Principal Place of Business
**103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301**

Mailing Address
**103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301**

FILED
03 SEP 16 AM 10:29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

50-3835883

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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's signature required when alternating)

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
NG, SHAK KUN
601 EAST BAY DRIVE SUITE 2401
LARGO, FL 33770**

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

**800023283448
09/23/03--01048--005 **150.00**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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 changed, or in an addendum with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2004 (1/01/02)

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UNI-APEX (USA)

501 East Bay Drive, Suite 2401,

Largo, Florida 33770

Tel: 727-588-9007, 416-277-8220 Fax: 727-588-0096

September 15, 2003

Florida Department of State,
Division of Corporations

Re: 2003 Uniform Business Report

Dear Sir,

We did not receive the report this year and therefore would like to request the penalty fees be waived.

Grateful if you would consider our request favorably.

Thanks and Regards,

Jack Ng
President