

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-25-2002 90045 042 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014531			
1. Entity Name M.O.C. CORPORATION			
Principal Place of Business 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257		Mailing Address 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3697560		Applied For Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HSU, HSIU M 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257		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.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HSU, HSIU M 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HON, TAE 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, CHING-CHUAN 9432 SAN JOSE BLVD. JACKSONVILLE FL 32257 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>SIGNATURE REQUIRED</u>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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DO NOT WRITE IN THIS SPACE

CR2E034 (8/01)