RECEIVED: 4/25/02 2:12PM; ->PRINCETON INTERNATIONAL INC ; #
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May 06, 2002 8:00 am
Secretary of State
05-06-2002 90150 008 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091116

1. Entity Name
SHOPRIDER HEALTHCARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1835 S. Del Mar Ave.	1835 S. Del Mar Ave.
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: San Gabriel, CA	City & State: San Gabriel, CA
Zip: 91776 Country: U.S.A.	Zip: 91776 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 30-0006872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Intrastate Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave.
Suite 3000
City: Miami FL Zip Code: 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Pihsiang Wu Same as #2.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ching-Ming C. Wu Same as #2.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David Tung-Ching Lin Same as #2.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Violet Wu Lin Same as #2.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Financial Officer Howard Hsu Same as #2.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X David Tung-Ching Lin, President X 4/25/02 (213)706-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #