

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P11113**

1. Entity Name

VAN LIEU CO. N.V.

Principal Place of Business

250 PARK AVE. SO 5TH FLOOR  
P O BOX 880  
WINTER PARK FL 32790

Mailing Address

250 PARK AVE. SO 5TH FLOOR  
P O BOX 880  
WINTER PARK FL 32790

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

City & State

Zip

Country

4. FEI Number

**59-2882107**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCAGHREN, C. BRENT  
250 PARK AVENUE SOUTH  
5TH FLOOR  
WINTER PARK FL 32789

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

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)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D LIEU, DAVID TSENG-VAN 1201 GREAT EAGLE CENTRE HONGKONG			<input type="checkbox"/> Delete					
	D CHEN, SHIRLEY S.L. 1201 GREAT EAGLE CENTRE HONGKONG			<input type="checkbox"/> Delete					
	DE YU, CHENG-YUNG 300 WINSTON DRIVE CLIFFSIDE PARK NJ			<input type="checkbox"/> Delete					
	D CHEN, TEK M 133 HIGHWOOD AVE LEONIA NJ 07605			<input type="checkbox"/> Delete					
	D LIEU, MARLENE 66 KENSINGTON DR FORT LEE NJ 07024			<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

Daytime Phone #

CR2E034 (9/01)