

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90010 040 ***150.00

DOCUMENT # P111134

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2882107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

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

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing -
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

Daytime Phone #