2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # P23245** 1. Entity Name YU HSIEN INDUSTRIAL CO., LTD., USA INCORPORATED 05-18-2000 90353 027 ***150.00 Principal Place of Business Mailing Address 156 South Courtenay Parkway P.O.BOX 540122 MERRITT ISLAND FL 32952-4510 MERRITT ISLAND FL 32954-0122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -95-4131203 Not Applicable `Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIU-CHAO-CHIN---Street Address (P.O. Box Number is Not Acceptable) 156 SOUTH COUNTENAY PARKWAY MERRITT ISLAND FL 32953 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees П Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JONG ☐ Addition TITLE Change TITLE Delete JONG HUATSAI NAME NAME 156 SOUTH COURTENAY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MERRITT ISLAND FL Change | Addition ☐ Delete TITLE TSAI, JONG-HAU NAME 156 SOUTH COURTENAY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP Change Change Addition. TITLE ☐ Delete LIU, CHAO-CHIN NAME 156 SOUTH COURTENAY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FI CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.