**2001 UNIFORM BUSINESS REPORT (UBR)** May 11, 2001 8:00 am DOCUMENT # P23245 Secretary of State 05-11-2001 90131 007 \*\*\*150.00 YU HSIEN INDUSTRIAL CO., LTD., USA INCORPORATED Mailing Address 156 SOUTH COURTENAY Pkwy A0062095 MERRITT ISCAND FLA 32952-4516 156 S. COUNTENAY Pleury Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number 954131203 Applied For Not Applicable 32952 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIV, CHAO-CHIN SILEGUFIELD HARRY Street Address (P.O. Box Number is Not Acceptable) 156 5. Countenay Blowy MERNITT ISL. Ha 32952 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. 4-23-01 SIGNATURE Signature, typed or printed name of registered agent and title if applicable PILE NOWIN FEE IS \$150.06 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, DIR. TITLE ☐ Defete TITI F Pres: Dinector Joy6 - Hua Tsai 337 Sov74 Tropical Trail NAME NAME JONG-Hua Tsai STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 337 SOUTH TROPICAL TITLE Johand Fra WIFFITT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MONNITT ISL. ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS Ma 32952 CITY-ST-ZIP CITY-ST-ZIP TSAI, Jong-Hua TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | WÆ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MALLE" STREET ADDRESS STREET ADDRESS City-St-29 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTO