

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P92000014272**

1. Entity Name

**ROYAL SELANGOR (U.S.A.), INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90031 006 \*\*\*150.00

Principal Place of Business <b>20 VOYAGER COURT SOUTH ETOBICOKE, ONTARIO, CANADA M9W 5M7</b>	Mailing Address <b>20 VOYAGER COURT SOUTH ETOBICOKE, ONTARIO, CANADA M9W</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>98-0132560</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CREATIVE BUSINESS SYNERGIES, INC.  
121 SOUTHEAST 1ST STREET  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YONG, POH KON</b>	NAME	
STREET ADDRESS	<b>2 SOUTH UNIVERSITY DRIVE, SUITE 330</b>	STREET ADDRESS	<b>20 Voyager Court South</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP	<b>Toronto, Ontario M9W 5M7 Canada</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YONG, POH SHIN</b>	NAME	
STREET ADDRESS	<b>2 SOUTH UNIVERSITY DRIVE, SUITE 330</b>	STREET ADDRESS	<b>20 Voyager Court South</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP	<b>Toronto, Ontario M9W 5M7</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WONG, C. Y.</b>	NAME	
STREET ADDRESS	<b>2 SOUTH UNIVERSITY DRIVE, STE. 330</b>	STREET ADDRESS	<b>20 Voyager Court South</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP	<b>Toronto, Ontario M9W 5M7 Canada</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, ROBERT A</b>	NAME	
STREET ADDRESS	<b>2 SOUTH UNIVERSITY DRIVE, SUITE 330</b>	STREET ADDRESS	<b>20 Voyager Court South</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	CITY-ST-ZIP	<b>Toronto, Ontario M9W 5M7 Canada</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

**SIGNATURE:** C. Y. Wong **ATTESTED** [Signature] **April 13, 2000** (416) 675-3755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)