

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90032 049 ***150.00

DOCUMENT # P94000079650

1. Entity Name
TAIPEI CHINA, INC.

Principal Place of Business

**9518 SW 1ST PL
 CORAL SPRINGS FL 33071
 US**

Mailing Address

**9518 SW 1ST PL
 CORAL SPRINGS FL 33071
 US**

2. Principal Place of Business

3863 ST. ARMENS CIR
 Suite, Apt. #, etc.

3. Mailing Address

3863 ST. ARMENS CIR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL.

Zip **32934**

Country

U.S.A.

City & State

Melbourne, FL

Zip

32934

Country

U.S.A.

4. FEI Number

65-0536483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ELLEN LEE
 9518 SW 1ST PL
 CORAL SPRING FL 33071**

7. Name and Address of New Registered Agent

Name

ELLEN LEE

Street Address (P.O. Box Number is Not Acceptable)

3863 ST ARMENS CIR

City

Melbourne, FL.

FL

Zip Code

32934

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

Ellen Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-21-01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, CHIOU Y	
STREET ADDRESS	9518 SW 1ST PL	
CITY - ST - ZIP	CORAL SPRING FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Chiou Y Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-01 3217527664

CR2E034 (10/00)