


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90236 008 \*\*\*150.00

**DOCUMENT #** P95000036601

**1. Entity Name**  
AMERICAN CACIQUE ENTERPRISE CO., INC.



**Principal Place of Business**  
10201 NW 21ST ST  
MIAMI FL 33172  
US

**Mailing Address**  
1197 GINGER CIRCLE  
FT. LAUDERDALE FL 33326  
US

**2. Principal Place of Business**  
5470 N.W. 161ST ST.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
Miami, FL

**City & State**  
City & State

**Zip**  
33014

**Country**  
USA

**Zip**  
Zip

**Country**  
Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0585772

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**Applied For**  
Not Applicable

**6. Name and Address of Current Registered Agent**  
KO, HORNG Y  
1197 GINGER CIRCLE  
FT. LAUDERDALE FL 33326

**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** \_\_\_\_\_ **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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KO, HORNG Y 1197 GINGER CIRCLE FT. LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HSU, JUI-HSIU 1197 GINGER CIRCLE FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 all other like empowered.**

**SIGNATURE:** Jui Hsiu Hsu **SIGNATURE REQUIRED** Jui Hsiu Hsu **02/05/03** **305-6210031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)