

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053512

1. Entity Name
LONGUASA, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90027 038 ***150.00

Principal Place of Business

8529 NW 56 ST
MIAMI FL 33166

Mailing Address

8529 NW 56 ST
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6701 SW 34th ST

Miami, FL

33155

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0597589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEN CHOU, HUNG
6701 S.W. 34TH STREET
MIAMI FL 33155

Name Pei H. Chou

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

6701 SW 34th ST

City Miami

FL

Zip Code 33155

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

Pei H. Chou

Pei H. Chou

4/9/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KUN HUO, CHOU
STREET ADDRESS 6701 S.W. 34TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Chou, Kun Huo

Chou, Kun Huo - Pres.

4/9/01

305-6298363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)