

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000010454**

1. Entity Name

TRANS - UNION GROUP (MIAMI) CO.**FILED**
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90006 023 ***550.00

Principal Place of Business

**2801 NW 74TH AVENUE
SUITE 168
MIAMI FL 33122**

Mailing Address

**2801 NW 74TH AVENUE
STE 222
MIAMI FL 33122
US**

2. Principal Place of Business

2801 NW 74TH AVENUE

Suite, Apt. #, etc.

SUITE 209

City & State

MIAMI, FL

Zip

33122

Country

USA

3. Mailing Address

2801 NW 74TH AVENUE

Suite, Apt. #, etc.

SUITE 209

City & State

MIAMI, FL

Zip

33122

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0638056**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WANG, MING C
6950 CYPRESS RD #208-15
PLANTATION FL 33317**

Name

DANIEL WANG

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

2801 NW 74TH AVENUE**SUITE 209**

City

MIAMI**FL**Zip Code
33122

7. Name and Address of New Registered Agent

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

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

/OFFICE MANAGER

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/019. 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	PD	<input type="checkbox"/> Delete
NAME	HSIANG-LIN, ROBERT	
STREET ADDRESS	17932 RAYMER ST	
CITY-ST-ZIP	NORTHRIDGE CA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEE, ROBERT Y	
STREET ADDRESS	8728 E NAOMI AVE	
CITY-ST-ZIP	SAN GABRIEL CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WU, ROBERT H.	
STREET ADDRESS	210 HACIENDA DR.	
CITY-ST-ZIP	ARCADIA, CA 91006	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT Y.	
STREET ADDRESS	403 W. NORMAN AVE.	
CITY-ST-ZIP	ARCADIA, CA 91006	
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		
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:

ROBERT H. WU

Date

9/17/01

Daytime Phone #

(626) 363 2400

0142037

CR2E034 (10/00)