

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072611

1. Entity Name

AMERICAN BEGONIA COMPUTER, INC.

FILED

00 NOV 20 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

5211 N.W. 74TH AVENUE  
MIAMI FL 33166

Mailing Address

5211 N.W. 74TH AVENUE  
MIAMI FL 33166

2. Principal Place of Business

3056 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

3056 NW 72 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL 33122

Zip

33122

Country

USA

Zip

33122

Country

USA

REINSTATEMENT

4. FEI Number

65-0777667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUNG-YUAN, WU

4270 N.W. 74TH AVENUE, #1D  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

TUNG-YUAN, WU

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

#

4270 NW 79 AVE #1D

City

MIAMI

FL

Zip Code

33122

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-17-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

P

☐ Delete

NAME

TUNG-YUAN, WU

STREET ADDRESS

4270 N.W. 79TH AVENUE, #1D

CITY-ST-ZIP

MIAMI FL 33166

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change ☐ Addition

NAME

400003493184--6

STREET ADDRESS

-12/11/00--01032--003

CITY-ST-ZIP

\*\*\*\*750.00 \*\*\*\*750.00

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

KE

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-00

Date

Daytime Phone #

CR2E034 (5/00)

0057173