

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033466

1. Entity Name

TS ASIA INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90050 004 \*\*\*150.00

Principal Place of Business

Mailing Address

2919 E COMMERCIAL BLVD. STE A  
FORT LAUDERDALE FL 33308

2919 E COMMERCIAL BLVD. STE A  
FORT LAUDERDALE FL 33308-4207

Principal Place of Business

Mailing Address

2800 E. Commercial Blvd  
Suite, Apt. #, etc. Ste 208

2800 E. Commercial Blvd  
Suite, Apt. #, etc. Ste 208

City & State  
St. Lauderdale

City & State  
St. Lauderdale

Zip  
33308

Zip  
33308

4. FEI Number 65-0842773

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

ALLEN H. KATZ PA  
2919 E COMMERCIAL BLVD, STE A  
FORT LAUDERDALE FL 33308

Name

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

2800 E. Commercial Blvd

Ste 208

City & State  
St. Lauderdale FL 33308

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TING CHANG, YU	
STREET ADDRESS	1533 CLEVELAND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	V	<input type="checkbox"/> Delete
NAME	TING CHANG, RAY	
STREET ADDRESS	1533 CLEVELAND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIU, WEI JICH	
STREET ADDRESS	1533 CLEVELAND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)