

2001 UNIFORM BUSINESS REPORT (UBR)

030788

DOCUMENT # P99000022314

1. Entity Name
AMERICAN UNI, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -5 PM 1:25

Principal Place of Business
3901-C NW 77 AVE
MIAMI FL 33166

Mailing Address
3901-C NW 77 AVE
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0905618	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	
CHANG, NIA YOU 3901-C NW 77 AVE MIAMI FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code 33166

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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	P
NAME	WANG, CHENG-FEN	NAME	WANG, CHENG-FEN
STREET ADDRESS	3901-C NW 77 AVE	STREET ADDRESS	3901-C NW 77 AVENUE
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D	TITLE	
NAME	CHU, SHIH-HUA	NAME	
STREET ADDRESS	3901-C NW 77 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	YANG, YUNG-PING	NAME	
STREET ADDRESS	3901-C NW 77 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CHANG, NIA YOU	NAME	
STREET ADDRESS	3901-C NW 77 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X Nia - Y 10/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)