

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90002 018 ***550.00

DOCUMENT # P99000064381

1. Entity Name

E-LINK COMPUTER & NETWORKING SERVICES, INC.

Principal Place of Business

Mailing Address

% WEI-KUAN LIN
 2220 N.W. 102 WAY
 PEMBROKE PINES FL 33026

% WEI-KUAN LIN
 2220 N.W. 102 WAY
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

6691 COWPEN RD. #2
 Suite, Apt. #, etc.
 # A-211

6691 COWPEN RD. #2
 Suite, Apt. #, etc.
 # A-211

City & State
 MIAMI LAKES, FL

City & State
 MIAMI LAKES, FL

Zip
 33014

Country

Zip
 33014

Country

4. FEI Number 65-0938779

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

LIN, WEI-KUAN
 2220 N.W. 102 WAY
 PEMBROKE PINES FL 33026

Name

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

City

FL

Zip Code

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 *Wei Kuan Lin* WEI KUAN LIN

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

(NOTE: Registered Agent signature required when reinstating)

MAY 14 2001

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	D	<input type="checkbox"/> Delete
NAME	LIN, WEI-KUAN	
STREET ADDRESS	2220 NW 102 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wei Kuan Lin* WEI KUAN LIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 (305) 332-3513

Date

Daytime Phone #

CR2E034 (10/00)