

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90192 047 ***150.00

0531489 AV

DOCUMENT # **V49041**

1. Entity Name
TAIPEI OF NAPLES, INC.



Principal Place of Business
**2085 9TH ST N
NAPLES FL 34102
US**

Mailing Address
**2085 9TH ST. N.
NAPLES FL 34102
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**2537 Long Boat Dr
Suite, Apt. #, etc.
Naples FL 34104-3327
City & State
Naples FL**

3. Mailing Address
**2537 Long Boat Dr.
Suite, Apt. #, etc.
Naples FL
City & State
Naples FL**

4. FEI Number **APPLIED FOR**
Applied For
Not Applicable

Zip **34104-3327** Country **Collier** Zip **34104-3327** Country **Collier**

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

6. Name and Address of Current Registered Agent
~~**EMPIRE CHINA CHINESE RESTAURANT
2085 9TH ST. N.
NAPLES FL 33940**~~

7. Name and Address of New Registered Agent
Name **Chun-Hsueh Wang**
Street Address (P.O. Box Number is Not Acceptable)
2537 Long Boat Dr.
City **Naples FL 34104-3327 FL** Zip Code **34104-3327**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE **Chun-Hsueh Wang**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WANG, CHUN-HSUEH	
STREET ADDRESS	2085 9TH ST. N.	
CITY-ST-ZIP	NAPLES FL 33940	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wang, Chun-Hsueh	
STREET ADDRESS	2537 Long Boat Dr.	
CITY-ST-ZIP	Naples FL 34104-3327	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Chun-Hsueh Wang**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/18/03(239)** Daytime Phone # **649-1885**

CR2E034 (10/02)