

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90042 031 \*\*\*150.00

003898 AV

**DOCUMENT # V57080**

1. Entity Name  
**HOLOCENTER CORP.**

*(Handwritten mark)*

Principal Place of Business

**1653 NW 79 AVE  
 MIAMI FL 33126  
 US**

Mailing Address

**1653 NW 79 AVE  
 MIAMI FL 33126  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0354625**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HSU, MEIKING  
 1653 NW 79 AVE  
 MIAMI FL 33126**

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

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 \$550.00**  
**After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **HSU, PU CHIEN**  
 CITY-ST-ZIP **1653 NW 79 AVE**  
**MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **HSU, MEIKING**  
 CITY-ST-ZIP **1653 NW 79 AVE**  
**MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*(Handwritten signature: MEIKING Hsu)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **7/18/01** Daytime Phone # **(305) 477-4445**

CR2E034 (5/01)

ATTACHMENT

July 19, 2001

Holocenter Corp.

1653 NW 79 Ave.

Miami, FL 33126

Florida Department of State

P.O. Box 1500

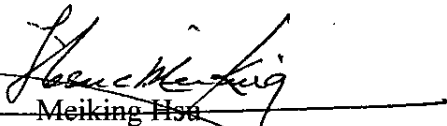
Tallahassee, FL 32302-1500

V57080

To Whom It May Concern:

We have been filling out business reports with you for 9 years and each year we've paid the filing fee of \$150 before the due date. However, this year we received the second report for July 18, 2001 (Document # V57080) stating a filing fee of \$550, without ever receiving the first filing fee notice of \$150.00. We apologize for the mix-up and inconvenience. Your acceptance of the enclosed \$150.00 fee is greatly appreciated.

Sincerely,



Meiking Hsu  
Vice President