

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90079 009 ***150.00

DOCUMENT # V57080

1. Entity Name
HOLOCENTER CORP.



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

8522 SW 74 St

8522 SW 74 St.

Suite Apt. #
MIAMI FL

Suite, Apt. #, etc.
MIAMI FL

City & State
33143 Dade

City & State
33143 Dade

Zip Country

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0354625**

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

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

Name **MEIKING Hsu**
Street Address (P.O. Box Number is Not Acceptable)

8522 SW 74 St

City **MIAMI** FL Zip Code **33143**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **MEIKING Hsu**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03 (305) 596-3113
Date Daytime Phone #

CR2E034 (10/02)