

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90132 010 ***158.75

DOCUMENT # L28378

1. Entity Name
SAIPLAS CORPORATON

Principal Place of Business C/O JAMES T. TSAI 8544 HUNTERS CREEK N. JACKSONVILLE FL 32256 US	Mailing Address C/O JAMES T. TSAI 8544 HUNTERS CREEK N. JACKSONVILLE FL 32256-9062 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 94-2928688	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSAI, JAMES T.
 8544 HUNTERS CREEK DR. N.
 JACKSONVILLE FL 32256**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE PD	<input type="checkbox"/> Delete
NAME TSAI, JAMES T.	
STREET ADDRESS 8544 HUNTERS CREEK N.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VD	<input type="checkbox"/> Delete
NAME TSAI, PAUL W.	
STREET ADDRESS 9332 POWER DRIVE	
CITY-ST-ZIP HUNTINGTON BEACH CA	
TITLE D	<input type="checkbox"/> Delete
NAME TSAI, KEVIN	
STREET ADDRESS 8123 MIDDLE FORK WAY	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input type="checkbox"/> Delete
NAME JIANG, STEVE	
STREET ADDRESS 311 PEACHTREE HILL AVE, APT 16C	
CITY-ST-ZIP ATLANTA GA	
TITLE D	<input type="checkbox"/> Delete
NAME LOH, YIN C.	
STREET ADDRESS 730 SUMMIT CIRCLE S.E.	
CITY-ST-ZIP N. CANTON OH	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	

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: *James T. Tsai* **REQUIRED** 2/7/2000 904-363-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)