

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90145 037 \*\*\*150.00

**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  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2928688**  
Applied For  
 Not Applicable

City & State

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James T. Tsai*  
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	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, NANCY LIN	
STREET ADDRESS	8544 HUNTERS CREEK N	
CITY-ST-ZIP	JACKSONVILLE FL	
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	VD	<input type="checkbox"/> Delete
NAME	TSAI, CONNIE E	
STREET ADDRESS	8544 HUNTERS CREEK N	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

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	
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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: *James T. Tsai* **SIGNATURE REQUIRED** **JAMES T. TSAI** 1-5-03 904-363-6448  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)