

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90003 042 ***550.00

AVU74409



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000039965

1. Entity Name
SUN-SUN INTERNATIONAL, INC.

Principal Place of Business 6941 NW 77 TERRACE MIAMI FL 33166 US	Mailing Address 6941 NW 77 TERRACE MIAMI FL 33166 US
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2. Principal Place of Business 8565 N.W. 29 ST. Suite, Apt. #, etc.	3. Mailing Address 8565 N.W. 29 ST. Suite, Apt. #, etc.
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City & State Miami FL	City & State MIAMI FL	4. FEI Number 65-0677900	Applied For <input type="checkbox"/> Not Applicable
Zip 33122	Country USA	Zip 33122	Country USA

6. Name and Address of Current Registered Agent

CAI, KAI JIAN
6941 NW 77 TERRACE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Cai Kai Jian**
 Street Address (P.O. Box Number is Not Acceptable)
8565 N.W. 29 ST.
 City **Miami** **FL** Zip Code **33122**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CAI, KAIJIAN 6941 NW 77 TERRACE, MEDLEY MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUXING, SHEN 6941 NW 77 TERRACE, MEDELY MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE SHEN, MUXING 6941 NW 77 TERRACE, MEDLEY MIAMI FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cai, KaiJian 8565 N.W. 29 ST. Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUXING SHEN 8565 N.W. 29 ST Miami FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **6-18-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)