

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 018 ***150.00

DOCUMENT # P99000068666
1. Entity Name

YUNKUN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6757 SW 88 St.

3. Mailing Address
6757 SW 88 St.

Suite, Apt. #, etc.
C302

Suite, Apt. #, etc.
C302

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0937994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ning Zhu

Street Address (P.O. Box Number is Not Acceptable)

6757 SW 88 St. #C302

City

Miami

FL

Zip Code **33156**

**DO NOT WRITE
IN THIS SPACE**

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

Ning Zhu

5/1/2002

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/D/S/T
Aixin Yu
6757 SW 88 St. #C302
Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Ning Zhu
6757 SW 88 St. #C302
Miami, FL 33156

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ning Zhu

5/1/2002

DATE

(305) 666-4267
Daytime Phone #

CR2E034B (12/01)