

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90071 016 \*\*\*150.00

**DOCUMENT # 698558**

1. Entity Name

**SUN LOK CORP.**

Principal Place of Business

C/O SUN MAY LOK  
 13290 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161

Mailing Address

C/O SUN MAY LOK  
 1699 NE 171 ST.  
 NORTH MIAMI FL 33162-2919

2. Principal Place of Business

*40 SUN M. LOK*

3. Mailing Address

Suite, Apt. #, etc.

*1699 N.E. 171 ST.*

Suite, Apt. #, etc.

City & State

*N.M.B. FL.*

City & State

Zip

Country

*MIAMI-DADE*

Zip

Country

4. FEI Number

**59-2119291**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOK, SUN MAY  
 13290 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161

*Address change only*

7. Name and Address of New Registered Agent

Name

*LOK, SUN MAY*

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

*1699 N.E. 171 ST.*

City

*N.M.B.*

FL

Zip Code

*33162*

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LOK, SUN MAY	1699 NE 171 ST.	NORTH MIAMI FL 33162	<input type="checkbox"/>
VP	LOK, FAI	1699 NE 171ST ST	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
S	LOK, WESLEY	1699 NE 171ST ST	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
T	LOK, WARREN	1699 NE 171ST ST	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Sun May LOK* **REQUIRED PRESIDENT**

*4-25-00*

*305-944-9762*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)