## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 698558** 1. Entity Name \* SUN LOK CORP. 04-30-2001 90002 012 \*\*\*150.00 Principal Place of Business Mailing Address C/O SUN MAY LOK C/O SUN MAY LOK 1699 N.E. 171 ST 1699 NE 171 ST. N.M.B FL 33162 NORTH MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2119291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 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 N.M.B FL 33162 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PC M Change Addition TITLE Delete TITLE LOK. SUN MAY NAME NAME SUN M. LOK STREET ADDRESS 1699 NE 171 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33162 VPST ☐ Delete TITLE ☐ Addition NAME LOK, FAI NAME STREET ADDRESS 1699 NE 171ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 - Change ---- - Addition-TITLE Delete TITLE NAME LOK, WESLEY NAME WESLEY LOK STREET ADDRESS 1699 NE 171ST ST STREET ADDRESS CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LOK, WARREN NAME NAME STREET ADDRESS 1699 NE 171ST ST STREET ADORESS CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 TITLE TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Dear Division of Corporation.

Hadring 4-23-0/

Dear Division of Corporation.

HORSS 54K39

We sent a Deletion last year, it

was not changed (as Noted on the 4th person)

anyway, please Note the changes also

along with the Deletion.

Thank you.

Note

(\*) one of your representative said it must have been an oner sight error, be cause the searched the original Form we sent last year, & the deletion was noted but not antered in the computer

Thanks again for noting the

# @ Changes on 1 st + 3 person

Deletion(s) on 4th person