2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # 698558 1. Entity Name SUN LOK CORP. 05-01-2002 91599 041 ***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 Zip 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 City Zip Code FŁ 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DM TITLE ☐ Delete TITLE Change ☐ Addition LOK, SUN M NAME NAME 1699 NE 171 ST. STREET ADDRESS 4 STREET ADDRESS NORTH MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LOK, FAI NAME STREET ADDRESS 1699 NE 171ST ST STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE PC Delete TITLE ☐ Change ☐ Addition NAME LOK, WESLEY NAME STREET ADDRESS 1699 NE 171ST ST STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ITED NAME OF SIGNING OFFICER