## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # F55183** May 09, 2000 8:00 am 1. Entity Name Secretary of State SUN WAH, INC. 05-09-2000 90005 007 \*\*\*150.00 Principal Place of Business Mailing Address 101 7TH STREET N. 101 7TH STREET N. **BRADENTON BEACH FL 34217** BRADENTON BEACH FL 34217-3309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2231056 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEUNG. DAVID Street Address (P.O. Box Number is Not Acceptable) 6904 POINTE WEST BLVD BRADENTON FL 34209: Zip Code 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition Change TITLE TITLE ☐ Delete LEUNG, DAVID NAME NAME STREET ADDRESS 6904 POINTE WEST BLVD STREET ADDRESS CITY-ST-ZiP **BRADENTON,FL 00000** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEUNG, BONNIE NAME NAME 6904 POINTE WEST BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON,FL 00000** CITY-ST-7JF ☐ Delete TITLE . 🗀 Change \_\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 eath; 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