## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAI

DOCUMENT # H41773  1. Entity Name SUN HAI VALLEY ENTERPRISES, INC.					Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90002 046 ***150.00				
2534 PGA BL	e of Business VD I GARDENS FL 33410	Mailing Address 2534 PGA BLVD PALM BEACH GARDENS FL	33410		1 (DALAN) BAN BIGAN KIGI	1404    1700  1114 8585	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		<b>4.</b> F	El Number 59-25	27557	<u> </u>	oplied For ot Applicable	]
Zip Country		Zip (	Country		Pertificate of Status De	sired []	\$8.75 Add		1
	6. Name and Address of Current Re	gistered Agent	=	7, N	ame and Address of	New Registered			_
		Name						1	
CHANG, LILY 2534 PGA BLVD.			Street Ado	Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS FL 33410			City			FL	Zip Cod	e	
	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!!! F After May 1, 2002 Make Check Payable t	Fee will be \$55	) D.00	10. Election Campa Trust Fund Con	-		<b>0</b> May Be to Fees	1
11.	OFFICERS AND DI	<u> </u>	12.		DITIONS/CHANGES	O OFFICERS AND	DIRECTOR	S IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, LILY 2534 PGA BLVD PALM BCH GARDENS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Au	STIONS/CHANCES	O OT FIGURE AND	☐ Change	Addition	2F034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FENG, MICHAEL 2534 PGA BLVD. PALM BCH. GARDENS FL	Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YUH-LING CHENG 2534 PGA BLVD PALM BCH. GARDENS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FENG, KATY 2534 PGA BLVD PALM BEACH GARDENS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY ST - ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sered to execute this report as r	e exemption stated ignature shall hav required by Chapt	d in Section 1 te the same le ter 607, Florid	19.07(3)(i), Florida Sta egal effect as if made la Statutes; and that n	atutes. I further cer under oath; that I ny name appears i	tify that the in am an officer n Block 11 or	nformation or director r Block 12 if	