

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013765

1. Entity Name
HUNG ENTERPRISES, LLC

FILED

01 FEB 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE BISCAYNE TOWER
TWO S BISCAYNE BLVD SUITE 2975
MIAMI FL 33131Mailing Address
ONE BISCAYNE TOWER
TWO S BISCAYNE BLVD SUITE 2975
MIAMI FL 331312. Principal Place of Business
12984 sw 132nd AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State

4. FEI Number 65-1053988 Applied For
Not Applicable

Zip 33186 Country DADE

Zip Country

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDANIEL, JOHN M
ONE BISCAYNE TOWER
TWO S BISCAYNE BLVD SUITE 2975
MIAMI FL 33131Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE DIRECTOR
NAME EDGARDO HUNG
STREET ADDRESS 16086 sw. 103 ln.
CITY-ST-ZIP MIAMI FL. 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DIRECTOR
NAME ESMER HUNG
STREET ADDRESS 10450 sw. 157ct #103
CITY-ST-ZIP MIAMI FL. 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DIRECTOR
NAME EDWARD HUNG
STREET ADDRESS 10450 sw. 157ct #106
CITY-ST-ZIP MIAMI FL. 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DIRECTOR
NAME ERASMO HUNG
STREET ADDRESS 14839 sw. 110tr
CITY-ST-ZIP MIAMI FL. 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DIRECTOR
NAME EDGAR HUNG
STREET ADDRESS 10501 sw. 159ct
CITY-ST-ZIP MIAMI FL. 33196TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Esmer Hung / Director