


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

3/1

03-17-2003 90705 018 \*\*\*150.00

<b>DOCUMENT #</b> M60528	
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1. Entity Name  
YEUN LAI CORP.

Principal Place of Business  
11227 SW 152 ST  
MIAMI FL 33177  
US

Mailing Address  
15420 SW 144 PL  
MIAMI FL 33177  
US



2. Principal Place of Business

3. Mailing Address  
18999 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#205

City & State

City & State  
AVENTURA FL

Zip

Country

Zip

Country

33180 MIAMI DASH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0015057

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YU, MARIO  
15420 SW 144 PL  
MIAMI FL 33177

Name  
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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME YU, MARIO  
STREET ADDRESS 15420 SW 144 PL  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME SUSANATAM  
STREET ADDRESS 15420 SW 144 PL  
CITY-ST-ZIP MIAMI, FL. ☐ Change ☒ Addition

TITLE SD  
NAME YU, SAUFONG  
STREET ADDRESS 15420 SW 144 PL  
CITY-ST-ZIP MIAMI 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4.12.03  
Daytime Phone #

CR2E034 (10/02)