

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/9

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90221 026 \*\*\*\*61.25

**DOCUMENT # N00000006287**

1. Entity Name

**SUN YAT SEN UNIVERSITY OF MEDICAL SCIENCES GUANG**

Principal Place of Business

Mailing Address

7550 HINSON ST 9C  
 ORLANDO FL 32819

7550 HINSON ST 9C  
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3672930

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

CHENG, HOMER H  
 7550 HINSON ST 9C  
 ORLANDO FL 32819

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHENG, HOMER H	
STREET ADDRESS	7550 HINSON ST 9C	
CITY-ST-ZIP	ORLANDO FL 32819	(No change)
TITLE	D	<input type="checkbox"/> Delete
NAME	WONG, LINCOLN	
STREET ADDRESS	2430 WAWONA ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94116	(No change)
TITLE	D	<input type="checkbox"/> Delete
NAME	LEW, NORMAN	
STREET ADDRESS	1038 SANTIAGO ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94116	(No change)
TITLE	D	<input type="checkbox"/> Delete
NAME	YU, HONG Y ING	
STREET ADDRESS	316 BEDFORD LN	
CITY-ST-ZIP	AMERICAN CANYAN CA 94503	(No change)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: X *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2001  
 Date

Daytime Phone #

*[Signature]* 2/26/2001

CR2E037 (10/00)