

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90032 008 ***150.00

0052168

DOCUMENT # P00000014326

1. Entity Name
SUNRISE UNION DEVELOPMENT, INCORPORATED

Principal Place of Business Mailing Address
1612 OVIEDO GROVE CIRCLE, #14 **1612 OVIEDO GROVE CIRCLE, #14**
OVIEDO FL 32765 **OVIEDO FL 32765**

2. Principal Place of Business 3. Mailing Address
1811 E. BROADWAY ST. **1811 E. BROADWAY ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OVIEDO, FL 32765 **OVIEDO, FL**
 Zip Country Zip Country
32765

4. FEI Number Applied For
59-3621437 Not Applicable

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

6. Name and Address of Current Registered Agent

LI, ZHI HUI
1612 OVIEDO GROVE CIRCLE, #14
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **LI, ZHI WEN**
 CITY-ST-ZIP **1612 OVIEDO GROVE CIRCLE, #14**
OVIEDO FL 32765

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **LI, ZHI HUI**
 CITY-ST-ZIP **1612 OVIEDO GROVE CIRCLE, #14**
OVIEDO FL 32765

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Chihui Li** **ZHI HUI LI, SECRETARY, 2-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-977-3122

CR2E034 (10/00)