

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056883

1. Entity Name

AUNG THEIN TUN ENTERPRISES INC. ,

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90083 022 \*\*\*150.00

Principal Place of Business

NO. 530 NE 47TH ST #110  
BOCA RATON FL 33431

Mailing Address

NO. 530 NE 47TH ST #110  
BOCA RATON FL 33431

80020829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

481 HARDWOOD PLACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

22-3691289

Applied For

Not Applicable

Zip

33431

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUN, AUNG T  
NO. 530 NE 47TH ST #110  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

AUNG THEIN TUN

Street Address (P.O. Box Number is Not Acceptable)

481 HARDWOOD PLACE

City

BOCA RATON

FL

Zip Code

33431

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

03/16/01

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 PRESIDENT / DIRECTOR  
STREET ADDRESS AUNG THEIN TUN  
CITY-ST-ZIP 481 HARDWOOD PLACE  
BOCA RATON, FL 33431

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/01

Date

(561)212-3773

Daytime Phone

CR2E034 (10/00)