

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000058376

1. Entity Name

SUN RISING GARDEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2148 49TH ST. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2148 49TH ST. SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

Zip

33707

Country
PINELLAS

City & State

ST. PETERSBURG FL.

Zip

33707

Country
PINELLAS

4. FEI Number

59-3732276

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name XIAO MEI-ZHENG

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

2148 49TH ST. S.

City ST. PETERSBURG

FL

Zip Code
33707

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

Xiaomei Zheng

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
6/16/02

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

☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
ZELONG WANG
2148 49TH ST. S. ST. PETE, FL. 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
XIAO MEI-ZHENG
2148 49TH ST. S. ST. PETE, FL. 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Xiao Mei Zheng

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/20/2002

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-02-2002 90052 042 ***150.00

92875

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

CR2034B (12/01)