2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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May 07, 2003 8:00 an
May 07, 2003 8:00 an Secretary of State
04-18-2003 90202 020 ***150.00

DOCUMENT # P02000125034 1. Entity Name YUN SING, INC. TUUUUUII Principal Place of Business Mailing Address 1050 NE 172 TERRACE 1050 NE 172 TERRACE N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. # etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHENG, HSING HSI Street Address (P.O. Box Number is Not Acceptable) 1050 NE 172 TERRACE N. MIAMI BEACH FL 33162 City 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 prince theme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Speck Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE Delete TITLE ☐ Charrge ☐ Addition NAME NAME CHENG, HSING HSI STREET MODRESS STREET ADDRESS 1050 NE 172 TERRACE CITY-ST-ZIP N. MIAMI BEACH FL 33162 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-23P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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(3Xi), 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