## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P9400002874 1. Entity Name SUN POINT REALTY, INC. 03-20-2000 90109 023 \*\*\*150.00 Mailing Address Principal Place of Business 4446 BEAGLE ST 4446 BEAGLE ST ORLANDO FL 32818 ORALNDO FL 32818-8253 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-3266767 Not Applicable \$8.75 Additional Country Zin Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONG, TIM Street Address (P.O. Box Number is Not Acceptable) 4446 BEAGLE ST ORLANDO FL 32818 Zip Code Fl 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MÄY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Addition ☐ Change TITLE ☐ Delete TITLE GONG, TIM NAME NAME 4446 BEAGLE ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TPD Change ☐ ∩elete TITLE LILY GONG NAME 4446 BEAGLE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORLANDO FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change 🧦 Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete با المنظمة الم Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRESIDENT

3-14-00

407 294-8505

Daytime Phone #