**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State P94000002874 DOCUMENT # 1. Entity Name 02-26-2002 90126 019 \*\*\*150.00 SUN POINT REALTY, INC. Principal Place of Business Mailing Address 4446 BEAGLE ST 4446 BEAGLE ST ORLANDO FL 32818 ORALNDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3266767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONG, TIM Street Address (P.O. Box Number is Not Acceptable) 4446 BEAGLE ST ORLANDO FL 32818 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Delete ☐ Addition TITI F TITLE GONG, TIM NAME NAME GONGI, TIM 4446 BEAGLE ST 4446 BEAGLE ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-7IP 32818 ORLANDO FL ☐ Addition Change TITLE TPD ☐ Delete TITLE LILY GONG LILY GONG NAME NAME 4496 BEAGLE ST STREET ADDRESS 4446 BEAGLE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ODLANDO FL ☐ Change TITLE ☐ Delete TITLE 'ddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete ONG, NAME TIFFANY STREET ADDRESS STREET ADDRESS 4446 BEAGLE 51 CITY-ST-ZIP CITY-ST-ZIP 32818 TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.