

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0240175 AV

DOCUMENT # P94000044133

1. Entity Name
SUN & SANG, INC.



FILED

03 OCT 20 AM 8:45

Principal Place of Business
1351 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address
1351 COLLINS AVENUE
MIAMI BEACH FL 33139

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES **03**

2. Principal Place of Business
1351 COLLINS AVE

3. Mailing Address
1351 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH

City & State
MIAMI BEACH

City & State
FL 33139

4. FEI Number 65-0500767

Applied For
Not Applicable

Zip FL 33139 Country USA

Zip Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAMKHANG, SUTHUS
7124 S.W. 69TH COURT
MIAMI FL 33143

Name

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

City

FL 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 *Suh*
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KHAMKHANG, SUTHUS
STREET ADDRESS 7124 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME 000023338390
STREET ADDRESS 10/29/03--01067--030 **408.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUSSMETES, SANGKUM
STREET ADDRESS 12180 BEGONIA WAY
CITY-ST-ZIP COOPER CITY FL 33139

TITLE ☐ Change ☐ Addition
NAME 000023338390
STREET ADDRESS 08/25/03--01048--009 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9/20/03 (305) 546-0122

CR2E034 (10/02)