2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # P95000016220 1. Entity Name							Jan 30, 2002 8:00 am Secretary of State						
SUNG M	UN INVES	STMENT, INC.	·					01-30-	2002 901	07 035	***150.0	0	
1180 SPRING STE 208	e of Business CTR S. BLVD SPRINGS FL (Mailing Address 1180 SPRING CTR S. BLVD STE 208 ALTAMONTE SPRINGS FL 32714								110 SINS NOIS		
2. Principal Place of Business 3. Mailing Address												i	
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	e		City & State				4. FEI N	^{umber} 59- 3	297664		_ 	plied For t Applicable	
Zip 	Country		Zip Count		у	5. Certificate of Status Desired See Required Fee Required							
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
MUN, SUNG 1231 PALM BLUFF DRIVE					Street Address (P.O. Box Number is Not Acceptable)								
APOPKA FL 32712													
		·			City					FL	Zip Code	e '	
8. The above	named entity	submits this statement for the	ne purpose of changing its r	registered	d office or	registere	ed agent, o	or both, in the S	tate of Florida	a.			
SIGNATURE.	Sun 4 Ch Signature, typed o	r printed name of registered agent and	title if applicable. (NOTE:	Registered	Agent signatu	re required	when reinstatin			//S	/ <u>-~</u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to					rill be \$5	50.00		Election Cam Trust Fund Co		sing		May Be to Fees	
11.		OFFICERS AND DI		12.				NS/CHANGES	TO OFFICE	RS AND D	DIRECTORS	S IN 11	
NAME STREET ADDRESS		M BLUFF DRIVE	☐ Delete		E Mun, Sunh ET ADDRESS 123, PALA BINTADO					Ghange	Addition		
CITY-ST-ZIP TITLE	APOPKA F	L 32/12	□ Delete	CITY-S		H 200	DKO 1	- JE /(E	<u> </u>		Change	Addition	
NAME STREET ADDRESS	ī:		Deleje	NAME STREET	ADDRESS					,	Unange	Zuchion	
CITY-ST-ZIP			☐ Delete	CITY-S TITLE	1-212						Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP				NAME STREET CITY-S	ADDRESS			•		# - -			
TITLE NAME			☐ Delete	TITLE NAME	ADDDEGG						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				CITY-S	ADDRESS IT-ZIP				_	-			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	ADDRESS					1	Change	☐ Addition	
CITY-ST-ZIP			☐ Delete	CITY-S TITLE	T-ZIP						Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS IT-ZIP								
indicated of the cor	on this report poration or the	or supplemental report is tri	is filing does not qualify for to ue and accurate and that my ered to execute this report a mall other like empowered.	y signatui	re shall ha	ave the s	ame legal	effect as if mad	e under oath	that I am	an officer	or director	

SIGNATURE:



