2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

1180 SPRING CTR S. BLVD

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

P95000016220

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

STE 208

1180 SPRING CTR S. BLVD

ALTAMONTE SPRINGS FL 32714

1. Entity Name

STE 208

SUNG MUN INVESTMENT, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90255 004 ***150.00

30002597

CHECK HERE IF MAKING CHA	ANGES		
4. FEI Number 59-3297664	Applied For		
33 0237004	Not Applicable		
Fee i	\$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent			

MUN, SUNG	ivame	
1231 PALM BLUFF DRIVE	Street Address (P.O. Box Number is Not Acceptable)	_
APOPKA FL 32712		_
	City Zip Code	
 The above named entity submits this statement for the purpose of the obligations of registered agent. 	of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	pt

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Make Checi	k Payable to Florida Department of State			Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND DIRECTO	J	11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUN, SUNG 1231 PALM BLUFF DRIVE APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTORS IN 11 Change
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME		☐ Delete	TITLE		hange

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP Delete TITLE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS Change ☐ Addition

☐ Change

☐ Addition

☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)