2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000059296** Jan 18, 2000 8:00 am Secretary of State 1. Entity Name PENYUN ENTERPRISES, INC. 01-18-2000 90033 039 ***150.00 Mailing Address Principal Place of Business 88 WOODSIDE DRIVE 88 WOODSIDE DRIVE LAKELAND FL 33813-3557 LAKELAND FL 33813 BUUUUGA 3. Mailing Address 2. Principal Place of Business 6773 P.O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3329995 FLORIDA AKELAND Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33807-6773 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HONG, YUN Street Address (P.O. Box Number is Not Acceptable) 88 WOODSIDE DRIVE LAKELAND FL 33813 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE HONG, YUN NAME NAME 88 WOODSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition ☐ Delete TITLE HONG, PENELOPE S NAME STREET ADDRESS 88 WOODSIDE DRIVE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKELAND FL 33813 Chañge Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YUN HONCE 1-5-2000 8630 H