

2002 UNIFORM BUSINESS REPORT (UBR)

3

FILED
May 01, 2002 8:00 am
Secretary of State

03-28-2002 90032 026 ***150.00

DOCUMENT # P96000039965

1. Entity Name

SUN-SUN INTERNATIONAL, INC.

Principal Place of Business

**8565 NW 29 ST
MIAMI FL 33122
US**

Mailing Address

**8565 NW 29 ST
MIAMI FL 33122
US**

20010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8565 N.W. 29 TH STREET

3. Mailing Address

8565 NW. 29 TH STREET

Suite, Apt. #, etc.

8565

Suite, Apt. #, etc.

8565

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number

65-0677900

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAI, KAI JIAN
8565 NW 29 ST
MIAMI FL 33122**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P CAI, KAIJIAN
STREET ADDRESS **8565 NW 29 ST**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE NAME ☐ Delete
VP MUXING, SHEN
STREET ADDRESS **8565 SW 29 ST**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 687, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)