

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90009 045 ***150.00

0131498

DOCUMENT # P96000063746

1. Entity Name

PACIFIC SUN DEVELOPMENT CORPORATION

Principal Place of Business

2355 UNIVERSITY DR
 CORAL SPRINGS FL 33065

Mailing Address

2355 UNIVERSITY DR
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0728567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOBLOVE, MICHAEL D
 8211 W BROWARD BLVD
 SUITE 310
 PLANTATION FL 33324**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAM, TOMMY	
STREET ADDRESS	2484 NW 88TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, LINH	
STREET ADDRESS	9355 LAKE SERENA DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUA, ANN	
STREET ADDRESS	761 NE 77TH ST	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAM, MICHAEL	
STREET ADDRESS	4103 CORAL SPRINGS DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Lam	
STREET ADDRESS	11183 NW 69 Place	
CITY-ST-ZIP	Parkland, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Lam President Tommy Lam

4/4/2001

954-340-8828

Date

Daytime Phone #

CR2E034 (10/00)