**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000015771  1. Entity Name SUN JEWELRY & ART INC.				Jan 16, 2001 8:00 am Secretary of State 01-16-2001 90094 027 ***150.00
Principal Plac 777 NW 72ND MIAMI FL 3312		Mailing Address 777 NW 72ND AVE. #2A12 MIAMI FL 33126		
2. Principal Place of Business 777 N. W. 72 ND 分と. 777 N.W.			JUM AVE	
	AA21	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State  MAM  Zip  Country		4. FEI Number 65-0727707 Applied For Not Applicable
33 L-		33126	u.S.A	5. Certificate of Status Desired Sa.75 Additional Fee Required  7. Name and Address of New Registered Agent
	6. Name and Address of Current Re	egistered Agent	Name C 1	
CHING, FANG SUN 777 NW 72ND AVE. #2A12  WYON & Kame Street Address (F				(P.O. Box Number is Not Acceptable)
MIAMI FL 33126				ICAAC
			City M19	AMI FL Zip Code 126
8. The above	named entity submits this statement for the	he purpose of changing its rec	gistered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE    Signature, types of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   D				
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 Sta				
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANG SUN, CHING 10130 NW 54 TERR MIAMI FL 33178	□ Delete	NAME STREET ADDRESS	PYRSORAL CHANGE Addition   Cha
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	and the second s	ئے رادان اللہ	STREET ADDRESS CITY-ST-ZIP	The second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my : ered to execute this report as	signature shall have the	section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director if, Florida Statutes; and that my name appears in Block 11 or Block 12 if