

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90152 007 ***150.00

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DOCUMENT # P99000047959

1. Entity Name
SUN AND YEN CORPORATION



Principal Place of Business
**13702 W. STATE ROAD 84
DAVIE FL 33325**

Mailing Address
**13702 W. STATE ROAD 84
DAVIE FL 33325**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0925751**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK, SUN HYOUNG
13702 W. STATE ROAD 84
DAVIE FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSTD PARK, SUN HYOUNG**
STREET ADDRESS **147 GABLES BLVD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME **PSTD PARK, SUN HYOUNG**
STREET ADDRESS **5033 SWEETWATER TERRACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE Delete
NAME **V TAT, YEN KIM**
STREET ADDRESS **147 GABLES BLVD**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME **V TAT, TEN KIM**
STREET ADDRESS **5033 SWEETWATER TERRACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE Delete
NAME **S KIM, SUNHONG**
STREET ADDRESS **147 GABLES BLVD**
CITY-ST-ZIP **WESTON FL 33326**

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 **(954)723-9221**
Date Daytime Phone #

CR2E034 (10/02)