## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P99000082135 SUN LUNG, INC. 04-25-2001 90108 022 \*\*\*150.00 Principal Place of Business Mailing Address 8951 SW 72 ST. #208 8951 SW 72 ST. #208 MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0954229 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHENG, SUE L Street Address (P.O. Box Number is Not Acceptable) 8951 SW 72 ST. #208 **MIAMI FL 33173** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Pre Siden TITLE ☐ Delete ■ Addition zhena Lian LIANG-ZHENG, SUE We. NAME NAME SW 8951 7ast Aptoao8 STREET ADDRESS 8957 SW 7251 APT # 208 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Miami vice president ☐ Delete TITLE Change ■ Addition ZHON-ZHENG, RU Zheng STREET ADDRESS 8951 SW 125 APT 258 STREET ADDRESS W2 12P2 CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver of 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.

Jana

SIGNATURE: