

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 014 ***150.00

DOCUMENT # P99000082135

1. Entity Name

SUN LUNG, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5282 SW 159 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

miami Fla 33185

FBI Number

65-0954229

Applied For

Not Applicable

Zip

Country

Zip

Country

33185

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Sue Liang Zheng
8951 SW 72 ST Apt #208
Miami, Fla 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sue Liang Zheng
5282 SW 159 AVE
Miami, Fla 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice president
Ru Zhong Zheng
8951 SW 72 ST Apt #208
Miami, Fla 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice president
Ru Zhong Zheng
5282 SW 159 AVE
Miami, Fla 33185

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sue Liang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

305-554-6913

Daytime Phone #

CR2034B (12/02)