

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90027 007 \*\*\*150.00

**DOCUMENT # S07646**

1. Entity Name  
**SUN-NA OF BROWARD COUNTY, INC.**

Principal Place of Business      Mailing Address  
**5371 N STATE RD 7**      **5371 N STATE RD 7**  
**TAMARAC FL 33319**      **TAMARAC FL 33319-2918**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
*5371 N state rd 7*      *5371 N. state rd 7*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Tamarac,*      *Tamarac, Fla.*  
 City & State      City & State

Zip      Country      Zip      Country  
*33319*      *U.S.A.*      *33319*      *U.S.*

4. FEI Number      Applied For  
**65-0244328**       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  
**WONG, HOY SUN**  
**2920 NE E 55TH PL**  
**FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name: *Wong Hoy Sun*  
 Street Address (P.O. Box Number is Not Acceptable): *2920, N. E. 55th Place*  
*Ft. Lauderdale, FL 33308*  
 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]*  
Signature, typed or printed name of registered agent, and date 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.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2000 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		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WONG, HOY SUN</b>	
STREET ADDRESS	<b>4739 NE 17TH AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Hoy Sun Wong</i>	
STREET ADDRESS	<i>2920, N. E. 55th Place</i>	
CITY-ST-ZIP	<i>Ft. Lauderdale, FL 33308</i>	
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]*      Date: *3/15/2000*      Daytime Phone #: *954-485-6688*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)