## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **V10237** Mar 08, 2000 8:00 am **Secretary of State** NEW SUNG HEE, INC. 03-08-2000 90026 034 \*\*\*150.00 Principal Place of Business Mailing Address 4834 US HWY 19 4834 US HWY 19 NEW PT RICHEY FL 34652-4261 NEW PT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3105109 Not Applicable Zip Country 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 CARTER, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 7419 U.S. HIGHWAY 19 **NEW PORT RICHEY FL 34652** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change Addition TITLE □ Delete TITLE CHAN, YU YEUNG NAME NAME STREET ADDRESS 4834 US HWY 19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PT RICHEY FL** Change Addition ☐ Delete NAME CHAN, MEE HAR STREET ADDRESS 4834 US HWY 19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **NEW PT RICHEY FL** Change \_\_\_ Addition ☐ Delete TITLE TITLE NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: Mee Har Chan 3/6/00 (727) 849-4569