

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90076 018 ***150.00

DOCUMENT # **F99000002342**

1. Entity Name
HYUNDAI MOTOR COMPANY

| | |
|--|--|
| Principal Place of Business 7950 NW 53RD STREET, SUITE 203 MIAMI FL 33166 | Mailing Address 7950 NW 53RD STREET, SUITE 203 MIAMI FL 33166 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **65-0916797**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS ENTERPRISES INC.
 4521 PGA BOULEVARD #211
 PALM BEACH GARDENS FL 33418~~

7. Name and Address of New Registered Agent

Name **Sandy H. Cho**

Street Address (P.O. Box Number is Not Acceptable)
2750 NW 3rd AVE #19

City **Miami** FL Zip Code **33127**

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]* DATE **4/9/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | | <input type="checkbox"/> Delete |
|----------------------------|--------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | HONG, KY | |
| STREET ADDRESS | 7950 NW 53RD STREET, SUITE 203 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | DS | <input type="checkbox"/> |
| NAME | LEE, SOO-K | |
| STREET ADDRESS | 7950 NW 53RD ST. SUITE 203 | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|------------------|--|-----------------------------------|
| TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | Chung, Jin Haeng | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME | Huh, Soo | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/0/00)