

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91162 048 \*\*\*150.00

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F99000002342**

1. Entity Name  
**HYUNDAI MOTOR COMPANY**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7950 NW 53 ST**

3. Mailing Address  
**7950 NW 53 ST**

Suite, Apt. #, etc.  
**SUITE 203**

Suite, Apt. #, etc.  
**SUITE 203**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number **65-0916797**

Applied For  
 Not Applicable

Zip Country  
**33166**

Zip Country  
**33166**

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

DO NOT WRITE IN THIS SPACE

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**7. Name and Address of Current 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]*

*4/29/02*

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**DP**  
**JIN HEAUNG CHUNG**  
**7950 NW 53 ST SUITE 203**  
**MIAMI, FL 33166**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**DS**  
**HUH SOO**  
**7950 NW 53 ST SUITE 203**  
**MIAMI, FL 33166**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/02*

Date

Daytime Phone #

CR2E034B (12/01)