

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N 31762

1. Entity Name

KOREAN-AMERICAN ASSOCIATION OF SOUTH FLORIDA

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90062 043 \*\*\*\*61.25

00049157

Principal Place of Business

Mailing Address

3600 S. STATE ROAD 7  
SUITE 230  
MIRAMAR FL 33023

3600 S. STATE ROAD 7  
SUITE 230  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JONG H.

3600 S. STATE ROAD 7, SUITE 230  
MIRAMAR FL 33023

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P. D  
LEE, JONG H.  
3600 S. STATE ROAD 7 #230  
MIRAMAR FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KIM, CHONG H.  
14401 BEDFORD CT.  
DAVE FL 33325

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEE, JONG J.  
3600 S. STATE RD 7, #230  
MIRAMAR FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOON, MYUNG K  
3600 S. STATE ROAD 7, #230  
MIRAMAR FL 33023

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, 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

4/14/01

Date

954-967-0001

Daytime Phone #

CR2E037 (11/00)