

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31762

1. Entity Name

KOREAN-AMERICAN ASSOCIATION OF SOUTH FLORIDA, IN C.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90119 029 ****61.25

Principal Place of Business 3600 S. STATE ROAD 7 SUITE 230 MIRAMAR FL 33023 US	Mailing Address 3600 S. STATE ROAD 7 SUITE 230 MIRAMAR FL 33023 US
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80106922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6600 TAFT STREET Suite, Apt. #, etc. 307	3. Mailing Address 6600 TAFT STREET Suite, Apt. #, etc. 307
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL	4. FEI Number 65-0232117	Applied For Not Applicable
Zip 33024	Country	Zip 33024	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6600 TAFT STREET, SUITE 307

City HOLLYWOOD FL Zip Code 33024

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 4/29/02

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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. DAVIE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JONG J 3600 S. STATE ROAD 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6600 TAFT STREET, SUITE 307 HOLLYWOOD FL 33024	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6600 TAFT STREET, SUITE 307 HOLLYWOOD FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6600 TAFT STREET, SUITE 307 HOLLYWOOD FL 33024	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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

DATE 4/29/02 DAYTIME PHONE # 954-967-0001

CR2E037 (9/01)