

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005175

1. Entity Name

THE KOREAN COMMUNITY CONCERN, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90131 024 ****61.25

Principal Place of Business

7167 W OAKLAND PK
LAUDERHILL FL 33313
US

Mailing Address

8582 VIA GIARDINO
BOCA RATON FL 33433-2211
US

2. Principal Place of Business

901 W. PALMETTO PK. RD.

3. Mailing Address

8582 VIA GIARDINO

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

FL

Zip

33406

Country

U.S.

Zip

33433

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0452063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK, FRIED E
1110 BRICKELL AVE
7TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CHO, JOHN D	
STREET ADDRESS	8582 VIA GIARDINO	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HO, JONG K	
STREET ADDRESS	1045 NE 135 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	NO, JOO H	
STREET ADDRESS	9185 RAMBLE WOOD APT 612	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	G-YOUNG, PARK	
STREET ADDRESS	9515 OHIO PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HWANG, JOHN	
STREET ADDRESS	4601 FROST HILL BLD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, WU H	
STREET ADDRESS	2600 SW 85 AVE	
CITY-ST-ZIP	DAVIE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR. JUNG O. Kim
STREET ADDRESS	5407 Woodlands Blvd.
CITY-ST-ZIP	TAMARAC, FL 33319

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:

JOHN D. CHO JOHN D. CHO

3-09-00

(561) 289-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)