

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 021 ****61.25

DOCUMENT # N96000005884

1. Entity Name

KOREAN CULTURAL FOUNDATION OF GREATER MIAMI, INC

Principal Place of Business

Mailing Address

1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146

1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146-3019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0819723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHYUNG, CHIE-YOUNG
 1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146

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

CHIE-YOUNG CHYUNG
 CHIE-YOUNG CHYUNG

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P ALLEN, MIMI H**
 STREET ADDRESS **2372 DATE PALM DR.**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP CHYUNG, CHIE-YOUNG**
 STREET ADDRESS **1550 MADRUGA AVE., STE 415**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHYUNG, CHIE-YOUNG**
 STREET ADDRESS **7545 SW 130 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T LEE, JONG HWA**
 STREET ADDRESS **901 SOUTH 60 AVE., STE 260**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S YI, INA C**
 STREET ADDRESS **20801 BISCAYNE BLVD., STE 431**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEE, HA CHIN**
 STREET ADDRESS **4950 N.W. 65 AVE.**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Chie-Young Chyung
Chie-Young Chyung, VP 4/28/00 305-665-1961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)