

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

0024007

DOCUMENT # N96000005884

1. Entity Name

KOREAN CULTURAL FOUNDATION OF GREATER MIAMI, INC

05-14-2002 90315 042 ****61.25

Principal Place of Business

Mailing Address

**1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146**

**1550 MADRUGA AVE STE 415
 CORAL GABLES FL 33146**

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

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	YI, INA	
STREET ADDRESS	9400 E. BROADVIEW DR	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHYUNG, CHIE-YOUNG	
STREET ADDRESS	1550 MADRUGA AVE., STE 415	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHYUNG, CHIE-YOUNG	
STREET ADDRESS	7545 SW 130 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, JONG HWA	
STREET ADDRESS	901 SOUTH 60 AVE., STE 260	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YI, INA C	
STREET ADDRESS	20801 BISCAYNE BLVD., STE 431	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HA CHIN	
STREET ADDRESS	4950 N.W. 65 AVE.	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHYUNG, CHIE-YOUNG	
STREET ADDRESS	1550 Madruga Avenue, Suite 415	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, Jong HWA	
STREET ADDRESS	901 South 60th Avenue, Suite 260	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, HA CHIN	
STREET ADDRESS	4950 N.W. 65th Avenue	
CITY-ST-ZIP	Lauderhill, FL 33319	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OH, JAE WOONG	
STREET ADDRESS	5333 Collins Ave., # 402	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MIMI HONG	
STREET ADDRESS	2373 Date Palm Road	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHANG, SANG YOUN	
STREET ADDRESS	8445 S.W. 148th Dr.	
CITY-ST-ZIP	Miami, FL 33158	

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 4/24/02 305-665-1961**

CR2E037 (9/01)