

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90938 049 ***150.00

DOCUMENT # P00000106014

1. Entity Name
3R MIAMI, INC.



Principal Place of Business
**8600 NW 53RD TERR SUITE 203
MIAMI FL 33166**

Mailing Address
**8600 NW 53RD TERR SUITE 203
MIAMI FL 33166**

2. Principal Place of Business
2854 NW 79th AVE

3. Mailing Address
2854 NW 79th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI, FL

Zip
33122

Country
U.S.A.

Zip
33122

Country
USA

4. FEI Number
65-1055166

Applied For
☐ Not Applicable

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

LIM, HYOUNG SUB
8600 NW 53RD TERR SUITE #203 - 2854 NW 79th AVE
MIAMI FL 33166 - Miami, FL 33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------------------|---------------------------|-------------|---------------------------------|
| | PTD | | | |
| | LIM, HYOUNG SUB | | | |
| | 8600 NW 53RD TERR SUITE 203 | 2854 N.W. 79th AVE | | |
| | MIAMI FL 33166 | MIAMI, FL 33122 | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

(305) 468-8227

Date

Daytime Phone #

CR2E034 (10/02)