

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**  
 01-22-2000 90073 039 \*\*\*150.00

**DOCUMENT # P95000012215**  
 1. Entity Name  
**U.S. TAEKWONDO COLLEGE, INC.**

Principal Place of Business <b>2303 SE FEDERAL HWY STUART FL 34994</b>	Mailing Address <b>2303 SE FEDERAL HWY STUART FL 34994-4528</b>
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**00007262**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0564934</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**JA LEE, OK**  
**1120 SE LETHA CIR #5**  
**STUART FL 34994**

**7. Name and Address of New Registered Agent**  
 Name: **Hee Sun Lee**  
 Street Address (P.O. Box Number is Not Acceptable): **1120 SE Letha Cir. #5**  
 City: **Stuart** FL Zip Code: **34994**

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]* **Hee Sun Lee (V.P.)** DATE: **1-13-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JA LEE, OK</b>	
STREET ADDRESS	<b>1120 SE LETHA CIR., #5</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Hee Sun Lee</b>	
STREET ADDRESS	<b>1120 SE Letha Cir. #5</b>	
CITY-ST-ZIP	<b>Stuart, FL 34994</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Hee Sun Lee** DATE: **1-14-00** DAYTIME PHONE #: **288-2468**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)