

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90036 012 ****61.25

DOCUMENT # 729144

1. Entity Name

KOREAN PRESBYTERIAN CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

**13700 N.E. 10TH AVENUE
 NORTH MIAMI FL 33161**

**13700 N.E. 10TH AVENUE
 NORTH MIAMI FL 33161**

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

59-1697915

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

WHANG, SANG Y.

~~1976 NW 183 AVE~~

~~PEMBROKE PINES FL 33029~~

Name

Whang, Sang Y.

Street Address (P.O. Box Number is Not Acceptable)

8445 SW 148 Dr.

City

Miami

FL

Zip Code

33158

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

April 21, 2002

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 **DS** ☒ Delete
 NAME **KIM, CHUL HO**
 STREET ADDRESS **10768 NASHVILLE DRIVE**
 CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Jong Hwan Bae**
 STREET ADDRESS **13859 SW 40 St.**
 CITY-ST-ZIP **4912 NW 57 Lane Coral Springs, FL 33065**

TITLE **DS** ☒ Delete
 NAME **LIM, DAE SOO**
 STREET ADDRESS **14619 GLENCAIRN ROAD**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Yong Ho Kim**
 STREET ADDRESS **13859 SW 40 St.**
 CITY-ST-ZIP **Dave, FL 33330**

TITLE **DT** ☒ Delete
 NAME **KIM, KANG HONG**
 STREET ADDRESS **9474 NW 57TH ST DORAL CIRCLE LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Dr. Yun Sool Joo**
 STREET ADDRESS **11405 SW 123 Tr.**
 CITY-ST-ZIP **Miami FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EE037 (9/01)