

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741407

1. Entity Name

KOREAN ASSOCIATION OF WEST FLORIDA INC.

Principal Place of Business

Mailing Address

3623 N. 22ND ST.
TAMPA, FLORIDA 33605

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

59-2151704

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

500 NAM PARK
3623 N. 22ND ST.
TAMPA, FLORIDA 33605

Name

500 NAM PARK

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

3623 N. 22ND ST.

City

TAMPA

FL

Zip Code

33605

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

Doon N. Park

500 NAM PARK, PRESIDENT & DIRECTOR

2/3/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 NAM PARK	
STREET ADDRESS	1984 ELLIOTT DR.	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	VICE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOON KIL HONG	
STREET ADDRESS	3001 TANGERINE TERRACE	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	CEO & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAM O. LEE	
STREET ADDRESS	2021 TODD RD.	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYUNG SOOK CHOI	
STREET ADDRESS	3001 TANGERINE TERRACE	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE KYU UP	
STREET ADDRESS	7903 SOARING TRAIL LN.	
CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE		
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:

Doon N. Park

500 NAM PARK, PRESIDENT & DIRECTOR

2/3/00

(813) 241-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #