2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 768150 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name KOREAN ASSEMBLY OF GOD OF MIAMI, INC. 04-18-2000 90181 043 ****70.00 Mailing Address Principal Place of Business 7777 SW 39TH ST 7777 SW 39 ST DAVIE FL 33328 DAVIE FL 33328-2714 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0051159 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIM, JUN HYAR-Street Address (P.O. Box Number is Not Acceptable) PAEK, JAMES 1546 SW 116 AVE 6006 NOW 78 Terr P. PINES FL 33025 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. 4-10-00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete **V** Change ☐ Addition TITLE TITLE PD young Jae NAME NAME CHOI, KEUN NYUNG STREET ADDRESS 6960 5. W. 39 ST #108 STREET ADDRESS 2846 S UNIVERSITY DR., #4208 CITY-ST-ZIP CITY-ST-7IP DAVIE FL Delete Change ☐ Addition TITLE TITLE SD oh, sung 5:17 75375.w. 285+ NAME NAME PAEK, JAMES STREET ADDRESS STREET ADDRESS 1546 S.W. 116 AVE CITY-ST-ZIP CITY-ST-ZIP P. PINES FL 33025 ☐ Addition ☐ Change TITLE ☐ Delete TD KIM, JUN HYUN KIM, JUN HYUN NAME 6006 N.W. of Terr STREET ADDRESS STREET ADDRESS 8860 N.W. 78 COURT #359 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change ☐ Addition ☐ Delete TITLE NAME OH. SUNG JIN STREET ADDRESS STREET ADDRESS 4070 COCOPLUM CIRCLE #33-103 CITY-ST-ZIP CITY-ST-ZIF COCONUT CREEK FL 33063 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Sung J7n Oh 4/3/a C305)576-0770

Date Destine Priore #