

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768150

1. Entity Name

KOREAN ASSEMBLY OF GOD OF MIAMI, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90283 047 ****61.25

Principal Place of Business

Mailing Address

7777 SW 39 ST
DAVIE FL 33328
US

7777 SW 39TH ST
DAVIE FL 33328
US

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

65-0051159

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

KIM, JUN N
10024 W OAKLAND PARK BLVD
SUNRISE FL 33351

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.

SIGNATURE

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 to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LEE, YOUNG J ☐ Delete
STREET ADDRESS 6960 SW 39TH STREET #108
CITY-ST-ZIP FORT LAUDERDALE FL 33314

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

TITLE SD
NAME OH, SUNG J ☒ Delete
STREET ADDRESS 7537 SW 28TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33314

TITLE SD ☒ Change ☐ Addition
NAME Kim, Jun Hyun
STREET ADDRESS 6006 NW 78 Terr.
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD
NAME KIM, JUN HYUN ☐ Delete
STREET ADDRESS 6006 NW 78 TERRACE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TD ☒ Delete
NAME OH, SUNG JIN
STREET ADDRESS 4070 COCOPLUM CIRCLE #33-103
CITY-ST-ZIP COCONUT CREEK FL 33063

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 #

CR2E037 (9/01)