## FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Jul 24, 2000 8:00 am Secretary of State DOCUMENT # F9700003228 1. Entity Name SSANGBANGWOOL INTERNATIONAL (U.S.A.) INC. 07-24-2000 90010 030 \*\*\*558.75 Mailing Address Principal Place of Business 9747 NW 29TH STREET 9747 NW 29TH STREET MIAMI FL 33172 MIAMI FL 33172 US US 2. Principal Place of Business 3. Mailing Address STREET 7370 NW STREET 7370 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 220 - D Applied For 4. FEI Number 95-4300658 Miami M:ami Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33166 33 166 U.SA ็น S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Taik k:m ouna YOUNG TAIK, KIM Street Address (P.O. Box Number is Not Acceptable) 9747 NW 29TH ST MIAMI FL 33172 36 STREET # 220-D Zip Code 33 166 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TIT1 F PD Change Addition TITLE ☐ Delete Young Taik Kim YOUNG TAIK, KIM NAME NAME 6750 SW 89 Terrace STREET ADDRESS STREET ADDRESS 4541 NW 102 COURT 33 156 CITY-ST-ZIP CITY-ST-ZIP Miani, FL **MIAMI FL 33178** Addition Change TITLE STD Delete TITLE STDMu Hyun Han MU HYUN, HAN NAME NAME 7370 NW 36 St # 220-0 STREET ADDRESS STREET ADDRESS 19320 BARROSO ST CITY-ST-ZIP Miami, FL CITY-ST-ZIP **ROWLAND HEIGHTS CA 91748** VM. TITLE ☐ Addition Delete TITLE Dong Hun Lee DONG HOON, LEE NAME NAME 8323 Lake Drive # M 504 STREET ADDRESS STREET ADDRESS 9208 BLOOMFIELD AVE #84 33166 CITY-ST-ZIP CITY-ST-ZIP CYPRESS CA 90630 Mi ami Delete TITLE Change Addition TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IF

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE REQUIRES (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Celete

Delete

n/15/20 00

(305)594-7Ks

Daytime Phone #

☐ Change

Change

Addition

Addition