

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003184

1. Entity Name

BOR-LAM AMERICA, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90035 009 \*\*\*150.00

Principal Place of Business

Mailing Address

529 D ALAFAYA WOODS BLVD.  
OVIEDO FL 32765

529 D ALAFAYA WOODS BLVD.  
OVIEDO FL 32765-6174

021444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2330 Blossomwood Dr.

2330 Blossomwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

74-2831237

Applied For

Not Applicable

Zip

32765

Country

Seminole

Zip

32765

Country

seminole

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, KOO-BIOM

529 D ALAFAYA WOODS BLVD.

OVIEDO FL 32765

Name

Kim. Koo - Biom

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

2330 Blossomwood Dr.

City

Oviedo

FL

Zip Code

32765

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
NAME KIM, KOO-BIOM  
STREET ADDRESS ~~529 D ALAFAYA WOODS BLVD.~~  
CITY-ST-ZIP OVIEDO FL 32765

TITLE PSTD ☒ Change ☐ Addition  
NAME Kim. Koo - Biom  
STREET ADDRESS 2330 Blossomwood Dr  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE C ☐ Delete  
NAME KIM, KOO-BIOM  
STREET ADDRESS ~~529 D ALAFAYA WOODS BLVD.~~  
CITY-ST-ZIP OVIEDO FL 32765

TITLE C ☒ Change ☐ Addition  
NAME Kim. Koo - Biom  
STREET ADDRESS 2330 Blossomwood Dr.  
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

*Kim. Koo - Biom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X March 7, 00

Date

Daytime Phone #

CR2E034 (9/99)