

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90460 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K56396

1. Entity Name
DELTA FOLIAGE, INC.

Principal Place of Business
5205 MT PLYMOUTH RD
APOPKA FL 32712-5221

Mailing Address
5205 MT PLYMOUTH RD
APOPKA FL 32712-5221

2. Principal Place of Business
5205 Mt. plymouth Rd.
 Suite, Apt. #, etc.

3. Mailing Address
5205 Mt. plymouth Rd.
 Suite, Apt. #, etc.

City & State
Apopka FL 32712
 Zip
32712
 Country
Orange

City & State
Apopka FL 32712
 Zip
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 Country
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4. FEI Number
59-2927079

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KIM, YONG CHOL JUNG SOOK
5205 MT PLYMOUTH RD
APOPKA FL 32703

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
KIM, YONG CHOL
5205 MT PLYMOUTH RD
APOPKA FL
HE Passed away.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
KIM, JUNG SOOK
5205 MT PLYMOUTH RD
APOPKA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: _____

Jung Sook Kim
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 02
 Date

Daytime Phone #

CR2E034 (9/01)