

2001 UNIFORM BUSINESS REPORT (UBR)

0028226 AF

DOCUMENT # L00000014086

1. Entity Name
BROTHERS OCK, L.L.C.

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10014 VISTA POINTE DR.
TAMPA FL 33635

Mailing Address
10014 VISTA POINTE DR.
TAMPA FL 33635

2. Principal Place of Business
3409 N. 22nd street
Suite, Apt. #, etc.

3. Mailing Address
3409 N. 22ND St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3700970

Applied For
Not Applicable

Zip
33605
Country
HKS, USA

Zip
33605
Country
HKS, USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUG, ROBERT E SQ.
4010 BOY SCOUT BLVD., STE. 590
TAMPA FL 33607

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Sung Sik Ock
8812 Brennan Cir # 104
Tampa, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Chang Sik Ock
10014 VISTA POINTE DR
Tampa, FL 33635 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003961336-3
-04/05/01-01088-013
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01

Date

813 247-4665

Daytime Phone #

CR2E083 (11/00)