

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000005571

1. Entity Name

Florida Bo, LLC

Principal Place of Business

901-B South Royal
Poinciana Blvd.
Miami Springs, FL 33166

Mailing Address

901-B South Royal
Poinciana Blvd.
Miami, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dade Corporate Services, Inc.
2300 Coral Way
Suite 103
Miami, FL 33145

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

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Chung, Louis	
STREET ADDRESS	801 S. Royal Poinciana Blvd.	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Lee, Alexander	
STREET ADDRESS	8831 NW 194 Terrace	
CITY-ST-ZIP	Miami, FL, 33018	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Chung, Thomas	
STREET ADDRESS	10 Damian Drive	
CITY-ST-ZIP	Richmond Hill, ON Canada L4B3Z-	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Chung, Mark	
STREET ADDRESS	801 S. Royal Poinciana Blvd.	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Lee, Michael	
STREET ADDRESS	8831 NW 194 Terrace	
CITY-ST-ZIP	Miami, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400003259584--1	
CITY-ST-ZIP	-05/19/00--01090--005	
	*****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OR MANAGER

Date

Daytime Phone #

LOUIS CHUNG 4/28/00 3058585558

APPROVED
AND
FILED

00 MAY -2 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

0025023 / 11/00