

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004571

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 SPRINGS FL 33166

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0936792

Applied For

Not Applicable

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

200004341792--0  
-06/05/01--01050--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM CHUNG, LOUIS ☐ Delete  
STREET ADDRESS 801 S ROYAL POINCIANA BLVD  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE NAME MGRM LEE, ALEXANDER ☐ Delete  
STREET ADDRESS 8831 NW 194 TERRACE  
CITY-ST-ZIP MIAMI FL 33018

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

TITLE NAME MGRM CHUNG, THOMAS ☐ Delete  
STREET ADDRESS 10 DAMIAN DRIVE  
CITY-ST-ZIP RICHMOND HILL ONTARIO CANADA L4B3Z-8

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

TITLE NAME MGRM CHUNG, MARK ☐ Delete  
STREET ADDRESS 801 S ROYAL POINCIANA BLVD  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE NAME MGRM LEE, MICHAEL ☐ Delete  
STREET ADDRESS 8831 NW 194 TERRACE  
CITY-ST-ZIP MIAMI FL 33018

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED Louis Chung 4-30-01 (305)858-5558