

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90106 033 ****55.00

DOCUMENT # L99000004571

1. Entity Name

Florida Bo, LLC

DO NOT WRITE IN THIS SPACE

961218

2. Principal Place of Business

901 B S. Royal Poinciana Blvd. 901-B S. Royal Poinciana Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Springs FL

Zip

33166

Country

USA

City & State

Miami, Springs, FL

Zip

33166

Country

USA

4. FEI Number

65-0936792

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dade Corporate Services, Inc.

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

2300 Coral Way

City

Miami

FL

Zip Code

33145

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MRM
NAME Chung, Louis
STREET ADDRESS 801 S. Royal Poinciana Blvd.
CITY-ST-ZIP Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Lee, Alexander
STREET ADDRESS 8831 NW 194 Terrace
CITY-ST-ZIP Miami, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Chung, Thomas
STREET ADDRESS 10 Damian Drive L4B3Z-8
CITY-ST-ZIP Richmond Hill Ontario Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Chung, Mark
STREET ADDRESS 801 S Royal Poinciana Blvd
CITY-ST-ZIP Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Lee, Michael
STREET ADDRESS 8831 NW 194 Terrace
CITY-ST-ZIP Miami, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Mark Chung Mark Chung

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

4/30/02

Date

305-868-5558

Daytime Phone *

CR2E083B (12/01)