

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47390

1. Entity Name
JUNE AMERICA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90009 012 ***158.75

Principal Place of Business 10012 N DALEMABRY HWY SUITE 110 TAMPA FL 33618 US	Mailing Address 10012 N DALEMABRY HWY SUITE 110 TAMPA FL 33549-5345 US
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2. Principal Place of Business 18610 AVE CAPRI Suite, Apt. #, etc.	3. Mailing Address 18610 AVE CAPRI Suite, Apt. #, etc.
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City & State LUTZ, FL	City & State LUTZ, FL
Zip 33549	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2847875	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PAK, DONG HO
14802 CHARRING CROSS PL
TAMPA FL 33618

7. Name and Address of New Registered Agent
Name
PAK, DONG HO
Street Address (P.O. Box Number is Not Acceptable)
18610 AVE CAPRI
City
LUTZ FL Zip Code
33549

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 PAK, DONG HO DATE 1/8/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D PAK, DONG HO 14802 CHARRING CROSS PL TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAK, MYENG S 14802 CHARRING CROSS PL TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAK, DONG HO 18610 AVE CAPRI LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAK, MYENG S 18610 AVE CAPRI LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PAK, DONG HO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/8/2000 Daytime Phone # (813) 909-1465

CR2E034 (9/99)