

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90044 027 ****70.00

DOCUMENT # N00000003052

1. Entity Name

MIAMI EVANGELICAL CHURCH OF HOPE, INC.

Principal Place of Business

Mailing Address

**730 S.W. 94 TERR
 PEMBROKE PINES FL 33025**

**730 S.W. 94 TERR
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

6500 S.W. 47TH ST.

3. Mailing Address

6500 S.W. 47TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-1006041

☒ Applied For

☐ Not Applicable

Zip

FL 33314

Country

Zip

FL 33314

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHONG KONG, CHUNG

730 S.W. 94 TERR

PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

HONG, CHUNG CHONG

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

730 S.W. 94 TERR.

City

PEMBROKE PINES

FL

Zip Code
33025

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]

CHUNG CHONG HONG PRESIDENT

3/16/2001

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHONG HONG, CHUNG	
STREET ADDRESS	730 S.W. 94 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KYUN HONG, SEOK	
STREET ADDRESS	730 S.W. 94 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYUNG LEE, DONG	
STREET ADDRESS	3638 SAN SIMEON CIR	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONG, CHUNG CHONG	
STREET ADDRESS	730 S.W. 94 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEONG, EUNHYAE	
STREET ADDRESS	6968 S.W. 39TH ST. F 201	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DONG MYUNG	
STREET ADDRESS	3638 SAN SIMEON CIR.	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SON, CHANG HUN	
STREET ADDRESS	2921 MYRTLE OAK CIR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM, IL SONG	
STREET ADDRESS	11945 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

CHUNG CHONG HONG

3/16/2001 954-817-0688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)