## <sup>2</sup>2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 29, 2001 8:00 am Secretary of State DOCUMENT # N0000007674 1. Entity Name 04-27-2001 90255 029 \*\*\*\*61.25 MIAMI CALVARY MISSION CHURCH, INC. Principal Place of Business Mailing Address 9261 SUNRISE LAKES BLVD #204 9261 SUNRISE LAKES BLVD #204 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business 9261 Sunise Lakes Blue 9261 Swrise Lakes Blvo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 204 204 City & State 4. FEI Number Applied For innise Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent , Wee Sang Street Address (P.O. Box Number is Not Acceptable) KANG, WEE SANG Suprise lakes Blut 9261 SUNRISE LAKES BLVD #204 FT LAUDERDALE FL 33308 city Suntise 8. The above named entity submits into statement to the purpose of changing its registered office or registered agent, or both, in the state of Florida (NOTE: Ringistered Agent signature required when and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition. Oelete ☐ Change TITLE TITLE KANG. WEE SANG NAME NAME STREET ADDRESS STREET ADDRESS 9261 SUNRISE LAKES BLVD #204 CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-\$1-71P Delete TITLE TITLE ☐ Chance ☐ Addition NAME KIM, JUNG HO NAME 2130 SW 97TH LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 TITLE ☐ Delete ☐ Change ☐ Addition CHUNG, EU! HWANG NAME NAME STREET ADDRESS STREET ADDRESS 2663 OAKBROOK DR CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 TITLE ☐ Delete Change Addition NAME SONG, PONG SU NAME STREET ADORESS 15861 SURREY CIR STREET ADDRESS CITY-ST-ZIP DAVIE FL 33331 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 empoyared to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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