NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State

DOCUMENT # N'0100001066 1. Entity Name						03-25-2002 90042 034 ****61.25		
M	YUNG	IN PRE	Sbyterian	CHURC	4			
DO NOT WRITE IN THIS SPACE						427567		
2. Principal Place of Business 684 N HARBOR CITY BLVD Suite, Apt. #, etc. 3. Mailing Address 684 N HARBOR Suite, Apt. #, etc.					ry BLVD		DO NOT WRITE IN THIS SP	'ACE
City & State MELBOURNE FL			City & State MELBOYRN	City & State MELBOYRNB FL		4. FEI Number Applied For S9 — 360/3/8 Not Applicable		
Zip Country 32935 USA		Zip 32935		untry 5 A ^_	Certificate of Status Desired		ee Required	
DO NOT WRITE IN THIS SPACE					Name IN. TAE YI Street Address (P.O. Box Number is Not Acceptable) / 3 1 GOLO (OAST BOAD			
					City PALM	BRY	FL	Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signation of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signation of the printed name of registered agent and title if applicable. FEE IS \$61.25 Initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	Make Check Department	
TITLE	DP	OFFICERS AND I	DIRECTORS	TITL	F			
NAME STREET ADDRESS CITY+ST-ZIP	TADDRESS 132 GOLD COAST ROAD			nam Stre				F037B (19/01
TITLE NAME	DV	TRONG I	1 A	TITL:	- 1			CHO
STREET ADDRESS CITY-ST-ZIP	ETADDRESS 2514 PALM PLACE DY. NE			STRE	EET ADDRESS ST- ZIP			
TITLE NAME	D	G, YUNG		TITL	E			<u>,</u>
STREET ADDRESS CITY - ST - ZIP	ESS 132 CTOLD COAST ROAD				ET ADORESS -ST-ZIP	DO	NOT WRIT	Έ
TITLE NAME	ן מ			TITL.			HIS SPAC	
					ET ADDRESS -ST-ZIP			
TITLE NAME	C008	ER, CHON	4 SON	TITL NAM	IE .			
STREET ADDRESS CITY+ST-ZIP	1207	THALLAR BAY FL	LN NW		ET ADDRESS : '-ST-ZIP			
TITLE NAME	T	BR, NICK		TITL:				
STREET ADDRESS	/202	THALLAR I	LN NW	STRE	EET ADDRESS '-ST-ZIP			
CITY-ST-ZIP		ONY FL 3	1907 hith this filing does not quali			ction 119.07(3)(i), Flor	ida Statutes. I further certif	y that the information

12. I hereby certify that the information supplied with this filting 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 of trustse exprowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like exprowered.

SIGNATURE:

NICHOLAS F. COOPER

2/23/02

321-724-1336

Daytime Phone