

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90099 044 ****61.25

0055979

DOCUMENT # N16315

1. Entity Name

THE KOREAN CHURCH OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

901 W PALMETTO PARK RD
BOCA RATON FL 33486

901 W PALMETTO PARK RD
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2744538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JOON KOO
901 W PALMETTO PARK RD
BOCA RATON FL 33486

Name

JOON KOO LEE

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

901 W. PALMETTO PARK RD

City

BOCA RATON

FL

Zip Code

33486

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIM, JUNG OH	
STREET ADDRESS	5407 WOODLANDS BLVD	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHO, SUK IN	
STREET ADDRESS	10088 COUNTRY BROOK RD	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, PAUL	
STREET ADDRESS	18519 ANCHOR DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, UK SANG	
STREET ADDRESS	7632 STIRLING BRIDGE BLVD	
CITY-ST-ZIP	N. DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, ANDREW C	
STREET ADDRESS	10161 182 LN. S.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTIN B. IM	
STREET ADDRESS	1200 N. HARBOR DR.	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-01 **561-338-0912**

CR2E037 (10/00)