

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90118 002 ****61.25

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**

90036249

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

J-00N-KOO-LEE

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

901 W. PALMETTO PARK RD

City

BOCA RATON

FL

Zip Code

33426

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **IM, JUSTIN B**
STREET ADDRESS **1200 N. HARBOR DR.**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **JACOB LEE** ☒ Change ☐ Addition
NAME **JACOB LEE**
STREET ADDRESS **22139 FLOWER DR**
CITY-ST-ZIP **BOCA RATON, FL 33426**

TITLE **D** ☒ Delete
NAME **CHO, SUK IN**
STREET ADDRESS **805 RIVERSIDE DR APT 1113**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **TERENCE YANG** ☒ Change ☐ Addition
NAME **TERENCE YANG**
STREET ADDRESS **4371 SW 10TH PL #102**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **D** ☒ Delete
NAME **KIM, PAUL**
STREET ADDRESS **18519 ANCHOR DR**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHO, DON**
STREET ADDRESS **11510 ISLAND LAKES LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KIM, ANDREW C**
STREET ADDRESS **10161 182 LN. S.**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

2-12-03

**561-3320
0912**

CR2E037 (10/02)