

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36734

1. Entity Name

KOREAN CATHOLIC COMMUNITY OF MIAMI, INC.

Principal Place of Business

3600 S.W. 32ND BLVD.
HOLLYWOOD FL 33023
US

Mailing Address

15125 NW 8 ST
PEMBROKE PINES FL 33628
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FR YEONG, SIK KANG
15125 NW 8TH ST
PEMBROKE PINES FL 33628

7. Name and Address of New Registered Agent

Name

FR. Hee Moon Yang

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

15125 N. W. 8th Street

City

pembroke pines

FL

Zip Code

33028

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]

FR Hee Moon Yang

9/10/00

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME LEE, SUNG H
STREET ADDRESS 12744 S.W. 112 TER.
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ Delete
NAME CHUE, KI NAM
STREET ADDRESS 712 VERONA CT.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ Delete
NAME PARK, YONG YM
STREET ADDRESS 2630 N.W. 5TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FR Hee Moon Yang

Date

Daytime Phone #

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90022 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)