

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002786

1. Entity Name

NEW LIFE KOREAN CHRISTIAN REFORMED CHURCH, INC.

Principal Place of Business

6400 N.W. 31ST AVE
FT. LAUDERDALE FL 33309
US

Mailing Address

6400 N.W. 31ST AVE
FT. LAUDERDALE FL 33309
US

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

65-0421859

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOOKSUNG, KIM
22437 S.W. 66TH AVE.
307
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name: KOOKSUNG KIM

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

22437 SW. 66th AVE. #307

City Boca Raton

FL

Zip Code 33428

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

TITLE D
NAME KIM, KOOKSUNG
STREET ADDRESS 22437 SW 66TH AVE #307
CITY-ST-ZIP BOCA RATON FL 33428-7

☐ Delete

TITLE D
NAME CHOE, KI H
STREET ADDRESS 20978 SHADY VISTA LANE
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE D
NAME CHUNG, CHUL J
STREET ADDRESS 8905 RAMBLEWOOD DRIVE #2312
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE D
NAME YOON, KI H
STREET ADDRESS 10444 SUNSTREAM LANE
CITY-ST-ZIP BOCA RATON FL 33428

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90106 042 ****70.00

80003909



DO NOT WRITE IN THIS SPACE

0045986

CR2E037 (10/00)