

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002259

1. Entity Name

KOREA-AMERICAS SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

12700 SW 69TH AVE  
MIAMI FL 33156  
US

Mailing Address

12700 SW 69TH AVE  
MIAMI FL 33156-6221  
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

65-0594343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRENNER, FREDERICK C  
12700 SW 69TH AVE  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 CD ☐ Delete  
NAME BRENNER, FREDERICK C  
STREET ADDRESS 12700 S W 69 AVE  
CITY-ST-ZIP MIAMI FL

TITLE VCD ☐ Delete  
NAME WHANG, SANG Y  
STREET ADDRESS 8445 S.W. 148TH DR.  
CITY-ST-ZIP MIAMI FL 33158

TITLE STD ☐ Delete  
NAME MERK, J. LAMAR  
STREET ADDRESS 5600 N.W. 36TH ST.  
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ Delete  
NAME ALLEN, MIMI HONG  
STREET ADDRESS 2373 DATE PALM RD  
CITY-ST-ZIP BOCA ROAD FL 33432

TITLE D ☐ Delete  
NAME DICKSON, LEE C  
STREET ADDRESS 3000 N.E. 145TH ST.  
CITY-ST-ZIP NORTH MIAMI FL 33181-3600

TITLE D ☐ Delete  
NAME KIM, TODD  
STREET ADDRESS 333 41ST STREET  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FREDERICK C. BRENNER

Date

Daytime Phone #

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90115 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4/24/00

305-232-2004