

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90043 011 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N96000005205</b>
<b>1. Entity Name</b> <b>THE FEDERATION OF KOREAN ASSOCIATIONS OF FLORIDA</b>

<b>Principal Place of Business</b> 10033 9TH ST NO., SUITE 102 ST. PETERSBURG FL 33716 US	<b>Mailing Address</b> 10033 9TH ST NO., SUITE 102 ST. PETERSBURG FL 33716 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0765342	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BRADLEY, P J 10033 9TH ST NO., SUITE 102 ST. PETERSBURG FL 33716
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW:</b> FEE IS \$61.25	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> RD BRADLEY, P J 10033 9TH ST NO., SUITE 102 ST. PETERSBURG FL 33716
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> VP CHO, SUSE 13847 S DIXIE HWY MIAMI FL 33126
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> X YANG, JUNG S 453 SURREY CASSELBERRY FL 32707
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> S YI, UI S 650 BARKFIELD ST BRANDON FL 33511
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> D KWAK, KWANG J 454 CINNAMON PARK LN ORLANDO FL 32835
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Delete</b> D PARKER, CHOON B 3282 CNACUN DR E JACKSONVILLE FL 32225

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input checked="" type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>

**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.**

<b>SIGNATURE:</b> BRADLEY, P J	<b>727-578-6400</b>	<b>1-4-01</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>

CR2E037 (10/00)