FILED Jul 23, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secrétary of State P00000044034 DOCUMENT # 1. Entity Name 05-27-2002 90488 023 ***150.00 KOBE, INC. Principal Place of Business Mailing Address 39188 8226 BAHIA BLANCA CT. 8226 BAHIA BLANCA CT. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address 4401 EMERSON STREET. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Applied For 4. FEI Number 58-2545063 City & State City & State JACKSON VILLE Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired DUVAL Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D. HAN KIM, JAE Y Street Address (P.O. Box Number is Not Acceptable) 4401 EMERSON STREET 8226 BAHIA BLANCA CT. JACKSONVILLE FL 32256 SUITE 8 Zip Code JACKSONVILLE 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 D HAN CPA (NOTE: Registered Agent signature required when reinstating) DATE name of registered agent and title if applicable. Signature, typed or o FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TIT! F ☐ Change Delete TITLE KIM, JAE Y NAME 8226 BAHIA BLANCA CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-7IP Addition Change TS ☐ Delete TITLE TITLE KIM, YOUNG M NAME NAME 8226 BAHIA BLANCA CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE REQUIRED

☐ Delete

HECTOR

Det

Daytime Phone #

☐ Change

☐ Addition

Yu D. Han, CPA, 4401 Emerson Street, Ste 8, Jacksonville FL 32207 Tel: (904) 346-1961 Fax: (904) 346-1962

July 17, 2002

Ms. Eula Peterson DIVISION OF CORPORATION

Ms. Eula Peterson DIVISION OF CORPORATION UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

Re: EIN: 58-2545063

KOBE INC DOC #: P00000044034

Dear Ms. Peterson:

I sent 2002 UBR before due date with \$150.00 check. I have not received prior notices. Please wave the penalty of \$400.00.

If you need to contact me regarding this taxpayer's account, I may be reached during working hours at (904) 346-1961. We appreciate very much your immediate attention to this matter and we await your response.

Sincerely,

Yu D. Han, C.P.A.

4401 Emerson street suite 8 Jacksonville, FL 32207

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