

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050038

1. Entity Name
NEW MIAMI IMPORT & EXPORT, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90451 003 ***150.00

Principal Place of Business

1916 N.W. 20TH STREET
MIAMI FL 33142

Mailing Address

1916 N.W. 20TH STREET
MIAMI FL 33142

2. Principal Place of Business

1914-1916 NW. 20th street

3. Mailing Address

1916 NW 20th street

Suite, Apt. #, etc.

Miami FL 33142

Suite, Apt. #, etc.

Miami, FL

City & State

City & State

4. FEI Number

65-100-9446

Applied For

Not Applicable

Zip

33142

Country

Dade

Zip

33142

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYUN, KILSOO
1916 N.W. 20TH STREET
MIAMI FL 33142

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HYUN, KILSOO
19390 N.W. 87TH PLACE
MIAMI FL 33018 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EUNSANG HYUN, LISA
19390 N.W. 87TH PLACE
MIAMI FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Hyun, Lisa
19390 NW 87th place
Miami, FL 33018 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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.

SIGNATURE: Lisa Hyun / Lisa Hyun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 305)324-9170
Date Daytime Phone #

CR2E034 (10/00)