2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050038 DOCUMENT #

1. Entity Name

NEW MIAMI IMPORT & EXPORT, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90829 050 ***150.00

	te of Business V. 20TH STREET 42	Mailing Address 1916 N.W. 20TH STREET MIAMI FL 33142								
2. Principal Place of Business		3. Mailing Address			-	1 .141 1 .141 1.111 1.11 1.111 1.11 1.111 1.11 1.11 1.11 1.11 1.11 1.11 1.11 1.11 1.11 1.11 1.11	DAREN BINK DENK BOND			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			4.	FEI Number 65-1009446		pplied For		
Zip Country		Zip	Coun	itry	5. Certificate of Status Desired		\$8.75 40	ditional		
	6. Name and Address of Currer	nt Registered Agent			7. 1	Name and Address of New Registe	ered Agent			
HYUN, KILSOO				Name Street Address	ame treet Address (P.O. Box Number is Not Acceptable)					
1916 N.W.	. 20TH STREET		direct Address (1.0. Box Hamber is Not Absorption				
MIAMI FL	33142			City		, department of the second of	FL Zip Coo	de		
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	I ed office or registe	ered ag	ent, or both, in the State of Florida.	I am familiar with	, and accept		
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature require	ed when re	einstating)	DATE			
⊕ After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Election Campaign Financin Trust Fund Contribution.		00 May Be d to Fees		
10.	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11		
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	IYUN, KILSOO 9390 N.W. 87TH PLACE IIAMI FL 33018		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYUN, LISA 19390 N.W. 87TH PLACE MIAMI FL 33018	☐ Delete	TITLE NAM STRE	Ē			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				•	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			·		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete				:	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· 🔅 .	☐ Delete					Change	Addition		
indicated of the cor	Certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that powered to execute this report	my signat t as requir	ture shall have the	same :	legal effect as if made under oath; t	hat I am an office	r or director		

SIGNATURE:

Daytime Phone #