

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90254 026 ***150.00

DOCUMENT # P00000055094

1. Entity Name

SUNNY KIM ENTERPRISES, INC.

Principal Place of Business

323 CAPE COD LN.
 APOPKA FL 32712

Mailing Address

323 CAPE COD LN.
 APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

483 Plymouth Rock Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32712

Country

Zip

32712

Country

4. FEI Number

59-3650646

Applied For

Not Applicable

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

KIM, KYUNG S
323 CAPE COD LN.
APOPKA FL 32712

Name

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

483 Plymouth Rock Place

City

Apopka

FL

Zip Code

32712

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **KIM, KYUNG S**
 CITY-ST-ZIP **323 CAPE COD LN.**
APOPKA FL 32712

TITLE ☒ Change ☐ Addition
 NAME **483 Plymouth Rock Place**
 STREET ADDRESS **Apopka, FL**
 CITY-ST-ZIP **32712**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **KIM, SOOK H**
 CITY-ST-ZIP **323 CAPE COD LN.**
APOPKA FL 32712

TITLE ☒ Change ☐ Addition
 NAME **483 Plymouth Rock Place**
 STREET ADDRESS **Apopka, FL**
 CITY-ST-ZIP **32712**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kyung S. Kim

Date

4/26/01 407-814-0839

Daytime Phone #

CR2E034 (10/00)