

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000067307****1. Entity Name**  
**PEMBROOK ENTERPRISES, INC.****FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90030 048 \*\*\*150.00

**Principal Place of Business**  
**1800 PEMBROOK DR STE 185**  
**ORLANDO FL 32810****Mailing Address**  
**1800 PEMBROOK DR STE 185**  
**ORLANDO FL 32810****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

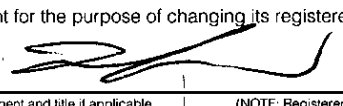
Zip

Country

**4. FEI Number**  
**59-3658149****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CHOI, JOSEPH**  
**2473 SOUTHERN HILLS CT**  
**OVIEDO FL 32765****7. Name and Address of New Registered Agent**

Name

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

**745 Oakland Hills Cir. #203**  
**Lake Mary, FL 32746****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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **DP** ☐ Delete  
**NAME** **CHOI, JOSEPH**  
**STREET ADDRESS** **2473 SOUTHERN HILLS CT**  
**CITY-ST-ZIP** **OVIEDO FL 32765****TITLE** **DS** ☐ Delete  
**NAME** **CHOI, YOUNG**  
**STREET ADDRESS** **2473 SOUTHERN HILLS CT**  
**CITY-ST-ZIP** **OVIEDO FL 32765****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☒ Change ☐ Addition  
**TITLE**  
**NAME** **745 Oakland Hills Cir. #203**  
**STREET ADDRESS** **Lake Mary, FL 32746**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME** **745 Oakland Hills Cir. #203**  
**STREET ADDRESS** **Lake Mary, FL 32746**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 407-916-577

CR2E034 (9/01)