

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90046 043 \*\*\*150.00

553354

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000085342

**1. Entity Name**  
 CK Cleaning Services, Inc.

**Principal Place of Business**      **Mailing Address**

780 Oakland Hill Cir., #100      780 Oakland Hill Cir.  
 Lake Mary, FL 32746.      Lake Mary, FL 32746

**2. Principal Place of Business**      **3. Mailing Address**

730 Oakland Hill Circle      730 Oakland Hill Circle  
 Suite, Apt. #, etc. #206      Suite, Apt. #, etc. #206

**City & State** Lake Mary, FL      **City & State** Lake Mary, FL

**Zip** 32746      **Country** Seminole

**4. FEI Number** 59-3669392      **Applied For** ☐ **Not Applicable** ☐

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

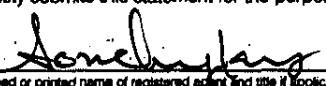
**6. Name and Address of Current Registered Agent**

Kim, Chung-K.  
 780 Oakland Hill Circle, #100  
 Lake Mary, FL 32746

**7. Name and Address of New Registered Agent**

**Name** -Kim, Chung-K.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 730 Oakland Hill Circle, #206  
**City** Lake Mary      **FL**      **Zip Code** 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**       **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐ **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                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  | P Kim, Chung K.                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        | 730 Oakland Hill Circle, #206                                                |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           | Lake Mary, FL 32746                                                          |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                              |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | 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:**       **DATE**      **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/100)