

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90057 040 ***150.00

DOCUMENT # P00000100439

1. Entity Name

MICHAEL-KIM CORPORATION

Principal Place of Business

1907 JAME L. REDMAN PKWY
PLANT CITY FL 33566

Mailing Address

1907 JAME L. REDMAN PKWY
PLANT CITY FL 33566

2. Principal Place of Business

1907 JAMES REDMAN PKWY

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 2061

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3681079

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

CHIM, LAURA

1907 JAME L. REDMAN PKWY
PLANT CITY FL 33566

Name

CHIM, LAURA

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

1907 JAMES REDMAN PKWY

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 D ☐ Delete
NAME CHIM, LAURA
STREET ADDRESS P.O. BOX 2061
CITY-ST-ZIP PLANT CITY FL 33564

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME PAK, MICHAEL
STREET ADDRESS P.O. BOX 2061
CITY-ST-ZIP PLANT CITY, FL 33564

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

4/12/01

Date

Daytime Phone #

CR2E034 (10/00)