

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 023 ***150.00

DOCUMENT # P000000100439

1. Entity Name
MICHAEL-Kim Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1907 James L. Redman Pkwy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2061
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL

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Plant City, FL

4. FEI Number
59-3691079

Applied For
☐ Not Applicable

Zip 33564-2061 **Country** USA

Zip 33564-2061 **Country** USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAURA Chim
Street Address (P.O. Box Number is Not Acceptable)
1907 James L. Redman Pkwy
City Plant City **FL** **Zip** 33564

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

Laura Chim LAURA Chim, president

(NOTE: Registered Agent signature required when transferring)

4/29/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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

TITLE Director
NAME LAURA Chim
STREET ADDRESS 1907 James L. Redman Pkwy.
CITY- ST- ZIP Plant City, FL. 33564

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Laura Chim LAURA Chim, pres.

4/29/02

813-754-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)