FILED
Jun 18, 2003 8:00 am
Secretary of State
05-05-2003 91895 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103974

1. Entity Name

ELIM KIM CORP.

DO NOT WRITE IN THIS SPACE

55048862

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2321 E HILLSBOROUGH AVE	2321 E HILLSBOROUGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA FL	City & State TAMPA FL
Zip 33610 Country	Zip 33610 Country

4. FEI Number 59-3692343 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JAE H KIM

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

1502 W BUSCH BLVD STE A2

City TAMPA FL Zip Code 33612

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	PD	TITLE	
NAME	KIM, JIN H	NAME	
STREET ADDRESS	2321 E HILLSBOROUGH AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610-4404	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	KIM, YUN H	NAME	
STREET ADDRESS	2321 E HILLSBOROUGH AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610-4404	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jin H Kim 4/30/03 (813)237-2743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #