

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # PO1000011343

1. Entity Name

TAE YOUNG KIM, INC.

03 MAY 29 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1205 NE 163 ST

Suite, Apt. #, etc.

#149

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

4. FEI Number

65-1073467

Applied For

Not Applicable

Zip

33162

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Park, Kyung H.

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

1205 NE 163 ST # 149

City

Miami

FL

Zip Code

33162

DO NOT WRITE
IN THIS SPACE

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]

Signature of registered agent (required when constituting)

(NOTE: Registered Agent signature required when constituting)

4/25/03

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
NAME Brasman, Sun Cha
STREET ADDRESS 11845 Royal Palm Blvd #103
CITY, ST, ZIP Coral Springs, FL 33065

TITLE NAME
STREET ADDRESS
CITY, ST, ZIP
300020424033
06/03/03--01069--002 **\$300.00

TITLE VP
NAME Park, Kyong H
STREET ADDRESS 11845 Royal Palm Blvd #103
CITY, ST, ZIP Coral Springs, FL 33065

TITLE NAME
STREET ADDRESS
CITY, ST, ZIP

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date:

Daytime Phone:

CR2E034B (12/01)