

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

06-12-2002 90238 013 \*\*\*150.00

**DOCUMENT # P01000078296**

1. Entity Name

**GREEN ANGEL FOLIAGE, INC.**

Principal Place of Business

**30226 COUNTRY RD. 437  
 SORRENTO FL 32776**

Mailing Address

**30226 COUNTRY RD. 437  
 SORRENTO FL 32776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3736865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KIM, YOUNG S  
 572 BRECKENRIDGE VILLAGE #12  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

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, 2002 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 ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **KIM, YOUNG S**  
 CITY-ST-ZIP **572 BRECKENRIDGE VILLAGE, #12  
 ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
 NAME **VTD**  
 STREET ADDRESS **LEE, EUNAH**  
 CITY-ST-ZIP **5028 PRESERVATION POINTE  
 KENNESAW GA 30152**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #  
PO1000078296

Green Angel Foliage  
30226 CR 437  
Sorrento, FL 32776  
June 4, 2002

868838

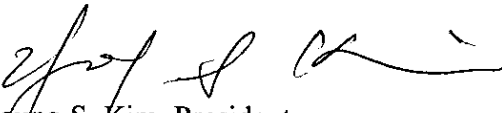
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Ma'am:

Last month I received my first UBR Report (around May 20). But it says there is a \$400 late filing fee after May 1. I didn't know the report had to be filed annually.

Now I have received the notice showing the penalty is already due. Please accept my filing fee, and adjust the penalty due date.

Sincerely,



Young S. Kim, President