

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90003 003 \*\*\*150.00

**DOCUMENT # P01000103644**

1. Entity Name  
**VINELAND VENTURES, INC.**

Principal Place of Business  
**8200 VINELADND AVE #1240**  
**ORLANDO FL 32821**

Mailing Address  
**8200 VINELADND AVE #1240**  
**ORLANDO FL 32821**

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

**59-3751183**

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

**KIM, DAL HANG**  
**8200 VINELADND AVE #1240**  
**ORLANDO FL 32821**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPS**  
**KIM, DAL HANG**  
**8200 VINELADND AVE #1240**  
**ORLANDO FL 32821** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*president* *7/18/02* *407-895-6-36*

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
972498

8200 Vineland Ave., #1240  
Orlando, FL 32821  
July 18, 2002

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

UBR #P01000103664, Vineland Ventures, Inc.

Dear Sir/Ma'am,

My business was incorporated in October of last year. I didn't receive the first notice of the Uniform Business Report. (Notice that the street address is misspelled.) I wasn't sure when the first UBR payment would be due. I called the Division of Corporations and they told me it was \$150.00, but the form they sent me said \$550.00.

Please accept the enclosed payment of \$150.00 with my 2002 Uniform Business Report.

Sincerely,

x 

Dal Hang Kim