

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90032 011 ***150.00

DOCUMENT # P02000003884



1. Entity Name
SHILLA CORPORATION

Principal Place of Business
**3993 ROBERTS POINT RD.
SARASOTA FL 34242**

Mailing Address
**3993 ROBERTS POINT RD.
SARASOTA FL 34242**



2. Principal Place of Business
AMERICAN CAFE

3. Mailing Address
6986 Beneva Rd South

Suite, Apt. #, etc.
6986 Beneva Rd South

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL

City & State
Sarasota FL

4. FEI Number
30-0072569

Applied For
Not Applicable

Zip
34238

Country
USA

Zip
34238

Country
USA

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

**MAGLICH, DAVID S
1515 RINGLING BLVD., STE. 1000
SARASOTA FL 34236**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **LEVITT, THERESA**
STREET ADDRESS **3993 ROBERTS POINT RD.**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **President + Secy** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LEVITT, JAREN**
STREET ADDRESS **3993 ROBERTS POINT RD.**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **VICE PRESIDENT TREASURER** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CHUN, CHIN HEE**
STREET ADDRESS **3993 ROBERTS POINT RD.**
CITY-ST-ZIP **SARASOTA FL 34242**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CHUN, KYO IN**
STREET ADDRESS **3993 ROBERTS POINT RD.**
CITY-ST-ZIP **SARASOTA FL 34242**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Date

941-927-9113

Daytime Phone #

CR2E034 (10/02)