

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90515 042 ***150.00

DOCUMENT # P02000036996

1. Entity Name
FAMILY I OF MIAMI, INC.



Principal Place of Business
4569 PINES ISLAND RD
FT LAUDERDALE FL 33351
SUNRISE, FL. 33351

Mailing Address
4569 PINES ISLAND RD
FT LAUDERDALE FL 33351
SUNRISE, FL. 33351



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
03-0422715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAN CHOI, SEONG
4569 PINES ISLAND RD
FT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name SUNG JOON CHOI

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

4569 PINE ISLAND ROAD

City SUNRISE

FL

Zip Code
33351

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/03

3 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAN CHOI, SEONG	
STREET ADDRESS	12630 NW 14 PL	
CITY-ST-ZIP	SUNRISE FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIL CHOI, HEE	
STREET ADDRESS	12630 NW 14 PL	
CITY-ST-ZIP	SUNRISE FL 33324	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUNG JOON CHOI	
STREET ADDRESS	12630 N.W. 14 PLACE	
CITY-ST-ZIP	SUNRISE, FL. 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	GEUM TA LIM	
STREET ADDRESS	12630 N.W. 14 PLACE	
CITY-ST-ZIP	SUNRISE, FL. 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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, within other like empowered.

SIGNATURE:

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

1/7/03
Date

(954) 748 0850
Daytime Phone #

CR2E034 (10/02)