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

SIGNATURE:

PED OF PRINTED

NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 21, 2003 8:00 am Secretary of State P02000048713 DOCUMENT # 1. Entity Name 01-21-2003 90185 002 \*\*\*150.00 YONG-IL ENTERPRISES, INC. Principal Place of Business Mailing Address 1147 35TH AVENUE NORTHEAST 1147 35TH AVENUE NORTHEAST UUUUUIIV ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 6585 126th AVE \_ Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For FL Largo 02-0619023 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33773 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHUN 9 Kan G SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 126+4 MIAMI FL 33145 City Zip Code 3 3 7 7 3 arga 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 prin applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete TITLE. CR2F034 (10/02) ☐ Change ☐ Addition KANG, CHUNG W NAME NAME 1147 35TH AVENUE NORTHEAST STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 as execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #