

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90070 032 \*\*\*150.00

**DOCUMENT # P02000059227**

1. Entity Name  
**PA & SH ENTERPRISES OF ORLANDO, INC.**



Principal Place of Business  
**5700 5 STREET  
BRADENTON FL 34203**

Mailing Address  
**5700 5 STREET  
BRADENTON FL 34203**



2. Principal Place of Business  
**8445 International Dr.**

3. Mailing Address  
**8445 1st St DR #**

Suite, Apt. #, etc.  
**#177**

Suite, Apt. #, etc.  
**#177**

City & State  
**Orlando**

City & State  
**Orlando**

4. FEI Number  
**01-0679100**

Applied For  
☐ Not Applicable

Zip  
**32819**

Country

Zip  
**FL**

Country  
**32819**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CARL T WATKINS CPA  
5103 MEMORIAL HWY  
TAMPA FL 33634**

## 7. Name and Address of New Registered Agent

Name **KWANG W PARK**  
Street Address (P.O. Box Number is Not Acceptable)  
**8445 1st St DR #177**  
City **Orlando FL** Zip Code **32819**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARK, KWANG W 5700 5 STREET BRADENTON FL 34203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHIM, EUN JIN 5700 5 STREET BRADENTON FL 34203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

**KWANG W. PARK**

Date

Daytime Phone #

**4/21/03 407-248-9391**

CR2E034 (10/02)