FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90126 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080062

1. Entity Name
ARIRANG ENTERPRISES, INC.

11029262

Principal Place of Business	Mailing Address
4000 NW 51ST STREET SUITE H-147 GAINESVILLE, FL 32603	4000 NW 51ST. STREET SUITE H-147 GAINESVILLE, FL 32603

2. Principal Place of Business	3. Mailing Address
5240 NW 34th St.	5240 NW 34th St.
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32605 Country: Alachua	Zip: 32605 Country: Alachua

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 71-0922564 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KIM, KYEONG
4000 NW 51ST STREET SUITE H-147
GAINESVILLE, FL 32603

7. Name and Address of New Registered Agent
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 ______ DATE ______
Sign and type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVS KIM, KYEONG 4000 NW 51ST STREET SUITE H-147 GAINESVILLE, FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIM, KYEONG 4000 NW 51ST STREET SUITE H-147 GAINESVILLE, FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #