

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000112319

1. Entity Name

Korean General Enterprises, Inc.

Principal Place of Business

Mailing Address

8639 North Himes Ave
2713
Tampa FL 33614

8639 North Himes Ave
2713
Tampa FL 33614

2. Principal Place of Business

3. Mailing Address

8639 N. Himes Ave
2713

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33614

4. FEI Number

41-2114667

Applied For

Not Applicable

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

Moon, Kwon Dae
8639 North Himes Avenue # 2713
Tampa FL 33614

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$180.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Department or State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME Moon, Kwon Dae
STREET ADDRESS 8639 North Himes Ave # 2713
CITY-ST-ZIP Tampa FL 33614

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700040224901
CITY-ST-ZIP 08/17/04--01005--001 **150.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

7/27/04

FILED
04 JUL 30 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)