

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013158

1. Entity Name

CHA S. KIM, INC.

Principal Place of Business

8750 PARK BLVD  
SEMINOLE FL 34647  
US

Mailing Address

8750 PARK BLVD  
SEMINOLE FL 34647  
US

2. Principal Place of Business

3. Mailing Address

8680 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE FL

Zip

Country

Zip

Country

33777

4. FEI Number

59-3166459

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

KIM, CHA S  
6330 23RD LANE NORTH  
ST. PETE FL 33702

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
KIM, CHA S  
6330 23RD LANE NORTH  
ST. PETE FL 33702

☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90102 012 \*\*\*150.00

00010039



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)