

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081645

1. Entity Name

KHS GROUP CORPORATION

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90115 007 \*\*\*150.00

Principal Place of Business

851 SALED0 DR  
ALT SPGS FL 32714  
US

Mailing Address

851 SALED0 DR  
ALT SPGS FL 32779-5715  
US

2. Principal Place of Business

1335 E. Wekiva Trail

3. Mailing Address

1335 E Wekiva Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3214960

Applied For

Not Applicable

Zip

Country

32779 U.S.A.

Zip

Country

32779 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SO, KYUNG H  
851 SALED0 DR  
ALT SPGS FL 32714

7. Name and Address of New Registered Agent

Name

HELEN H. SO

Street Address (P.O. Box Number is Not Acceptable)

1335 E. Wekiva Trail

City

Longwood

FL

Zip Code

32779

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

1/20/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SO, KYUNG H	
STREET ADDRESS	851 SALED0 DR	
CITY-ST-ZIP	ALT SPGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SO, HELEN H	
STREET ADDRESS	851 SALED0 DR	
CITY-ST-ZIP	ALT SPGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1335 E. Wekiva Trail	
STREET ADDRESS	Longwood, FL 32779	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1335 E. Wekiva Trail	
STREET ADDRESS	Longwood, FL 32779	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

Daytime Phone #

409)843-3329

CR2E034 (9/99)