

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA3000081645
 Entity Name
KHS GROUP CORP.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 APR 30 PM 4:23

Principal Place of Business Mailing Address
1335 E. Wekiva Trail
Longwood, FL 32779

Principal Place of Business 3. Mailing Address
1335 E. Wekiva Tr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
~~Longwood~~ City & State City & State
Longwood, FL
 Zip Country Zip Country
32779 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-304219150 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HELEN H. SO
1335 E. Wekiva Trail
Longwood, FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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] (NOTE: Registered Agent signature required when reissuing) DATE 4/26/01

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, 2001 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	<u>President</u>	<input type="checkbox"/> Delete	
NAME	<u>Kyung Ho So</u>		
STREET ADDRESS	<u>1335 E. Wekiva Trail</u>		
CITY - ST - ZIP	<u>Longwood, FL 32779</u>		
TITLE	<u>Secretary</u>	<input type="checkbox"/> Delete	
NAME	<u>Helen H. So</u>		
STREET ADDRESS	<u>1335 E. Wekiva Trail</u>		
CITY - ST - ZIP	<u>Longwood, FL 32779</u>		
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 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			
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] 4/26/01

CR2E034 (11/00)