

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 049 ***150.00

DOCUMENT # P94000039259

1. Entity Name

HAN'S INTERNATIONAL CORPORATION

Principal Place of Business

2155 W COLONIAL DR.
 UNITE 123
 ORLANDO FL 32804

Mailing Address

547 W. SPRING TREE WAY
 LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

4455 Aspen Wood Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32835

Orange

4. FEI Number

59-3244915

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

HAN, HEE S

547 W. SPRING TREE WAY
 LAKE MARY FL 32746

4455 Aspen Wood Ct
 ORLANDO, FL 32835

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, 2002 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 PD
 NAME HAN, HEE S
 STREET ADDRESS 547 WEST SPRING TREE WAY
 CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE PD
 NAME HAN, HEE S
 STREET ADDRESS 4455 Aspenwood Ct
 CITY-ST-ZIP Orlando, FL 32835

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

1-29-02

407 8395510

CR2E034 (9/01)