

DOCUMENT # P94000060927

1. Entity Name

ANCHOR ENTERPRISES OF JENSEN BEACH, INC.

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90172 049 ***150.00

Principal Place of Business

1012 N.E. ANCHORAGE LN.
JENSEN BCH. FL 34957

Mailing Address

2440 JEROME AVE.
BRONX NY 10468-6401

00011332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0529388

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODEM, LOREN E
815 COLORADO AVE.
SUITE 305
STUART FL 34994

Name

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

City

FL

Zip Code

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 1/31/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Add'l

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JOSEPH	
STREET ADDRESS	3 LAKESIDE DR	
CITY-ST-ZIP	VALHALLA NY	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, CHAE O	
STREET ADDRESS	21 HENRY ST.	
CITY-ST-ZIP	FORT LEE NJ 07024	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	YANG, HOI K	
STREET ADDRESS	41-64 54TH ST.	
CITY-ST-ZIP	WOODSIDE NY 11372	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, JUNG C	
STREET ADDRESS	15 E HARRIETT AVE	
CITY-ST-ZIP	PALLISADES NJ	

TITLE		<input type="checkbox"/> Change
NAME	LEE, CHANG HOON	
STREET ADDRESS	15 E HARRIETT AVE	
CITY-ST-ZIP	PALLISADES, NJ 07650	

TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, BYONG S	
STREET ADDRESS	5582 CAND ST.	
CITY-ST-ZIP	BROOKLYN NY 11215	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	YUN, KANG YOO	
STREET ADDRESS	2 FOXHURST ST.	
CITY-ST-ZIP	NEW HYDE PARK NY	

TITLE		<input type="checkbox"/> Change
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 I 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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/31/2000