

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2000 90009 042 ***150.00

DOCUMENT # P94000091319

1. Entity Name

KHS CLEANING CORPORATION

Principal Place of Business

Mailing Address

851 SALED0 DRIVE
 ATLAMONTE SPRINGS FL 32714
 US

851 SALED0 DRIVE
 ALTAMONTE SPRINGS FL 32779-5715
 US

2. Principal Place of Business

1335 E. Wekiva Trail
 Suite, Apt. #, etc.

3. Mailing Address

1335 E. Wekiva Trail
 Suite, Apt. #, etc.

City & State

Longwood, FL
 Zip 32779 Country USA

City & State

Longwood, FL
 Zip 32779 Country USA

4. FEI Number

59-3283310

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

SO, KYUNG HO
 851 SALED0 DRIVE
 ALTAMONTE SPRINGS FL 32714

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 P ☐ Delete
 NAME SO, KYUNG-HO
 STREET ADDRESS 851 SALED0 DR.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME 1335 E. Wekiva Trail
 STREET ADDRESS Longwood, FL 32779
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME SO, HELEN H.
 STREET ADDRESS 851 SALED0 DR.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME 1335 E. Wekiva Trail
 STREET ADDRESS Longwood, FL 32779
 CITY-ST-ZIP

TITLE CM ☒ Delete
 NAME LEE, JULES J
 STREET ADDRESS 851 SALED0 DRIVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)