## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000074349 Apr 13, 2000 8:00 am Secretary of State JK AND HK CORP. 04-13-2000 90061 030 \*\*\*150.00 Principal Place of Business Mailing Address 1313 W BOYNTON BEACH BLVD 1313 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426-3402 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0564725 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONG- IN KIM, JONG-IN Box Number is Not ... BLACK 11211 S MILITARY TRAIL #5022 **BOYNTON BEACH FL 33436** 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. (NOTE: Registered Agent signature required when reinstating) title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS TITLE ☐ Addition ☐ Delete TITLE KIM, JONG-IN NAME NAME STREET ADDRESS STREET ADDRESS 1313 W BOYNTON BEACH BLVD CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** ☐ Delete TITLE KIM, HWA NAME STREET ADDRESS STREET ADDRESS 11211 S MILITARY TRAIL #5022 CITY-ST-7IP **BOYNTON BEACH FL 33436** Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 561-737-780