

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91289 002 \*\*\*150.00

DOCUMENT # **P95000094838**

1. Entity Name  
**KOREA HOUSE INC.**

Principal Place of Business Mailing Address

**209 Ferry Rd SE**  
**Ft. Walton Bch**  
**FL 32548**

**A0067850**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3347908**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**EUNJOO Friedsberg**  
**786 N. Beal Pkwy #3A**  
**Ft. Walton Bch FL 32547**

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 renewing) 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
 NAME **HYUN J. MATTHEWS** ☐ Delete  
 STREET ADDRESS **532 Kanhua Dr.**  
 CITY-ST-ZIP **Ft. Walton Bch. FL 32547**

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

TITLE **VP**  
 NAME **IM S. BUI** ☐ Delete  
 STREET ADDRESS **2057 RIVIERA**  
 CITY-ST-ZIP **Navarre FL 32566**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **IM S. BUI / VP** **4/26/01**  
Signature typed or printed name of signing officer or director

CR2E034 (11/00)