2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **P96000019608** KOREAN CLEANING COMPANY, INC. 05-02-2001 90200 012 ***150.00 Principal Place of Business Mailing Address 702 BELLE CHASE CIR TAMPA EL 83634 P.O. BOX 260502 TAMPA FL 33685 AUU51240 2. Principal Place of Business 3. Mailing Address 10042 OASIS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3363555 TAMPA Not Applicable Countr Country \$8.75 Additional 336 KS 5. Certificate of Status Desired us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOON, MI H Street Address (P.O. Box Number is Not Acceptable) 702 BELLE CHASE CIR **TAMPA FL 33634** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PD TITLE Delete YOON, THE D YOON, TAE D NAME 10042 DASIS PALM DR. STREET ADDRESS STREET ADDRESS 702 BELLE CHASE CIR TAMPA, FL 33615 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ST Delete TITLE YOON. YOON, MI H NAME NAME STREET ADDRESS 702 BELLE CHASE CIR STREET ADDRESS 10042 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** TITLE~ Delete TITLE Change - 🖚 🖎 Addition TORTOREllo NAME NAME BONITH VISTA DR. STREET ADDRESS STREET ADDRESS 4822 CITY-ST-ZIP CITY-ST-7IP 33634 TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐7 Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 (813) 250-0325

Daytime Phone #