

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91841 048 ***150.00

0618218 AT

DOCUMENT # P96000067935

1. Entity Name
INSAN, INC.



Principal Place of Business
~~113 COLUMBIA HEIGHTS #1~~ 1905 E Fletcher Ave
~~BROOKLYN NY 11201-1608~~ TAMPA FL 33612
US

Mailing Address
113 COLUMBIA HEIGHTS #1
BROOKLYN NY 11201-1608
US

2. Principal Place of Business
1905 E Fletcher Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33612

Country
US

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3398679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHANG, SUE HYE
11441 WEST SEDGEMOORE DRIVE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WHANG, C.J.	
STREET ADDRESS	113 COLUMBIA HEIGHTS #1	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHANG, S. HYE	
STREET ADDRESS	11441 WEST SEDGEMOORE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sue Hye Whang **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003 118596-2659
Date Daytime Phone #

CR2E034 (10/02)