

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90191 044 ***150.00

03/755

DOCUMENT # **P 960000 74054**

1. Entity Name
JEONG Enterprise

Principal Place of Business Mailing Address

2. Principal Place of Business **6255 Greenwich DR.** 3. Mailing Address **6255 Greenwich DR.**

Suite, Apt. #, etc.

City & State **TAMPA FL** City & State **Tampa FL**

Zip **33647** Country **USA** Zip **33647** Country

4. FEI Number **59-3398569** Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Kim, Chyn R.	Name
6255 Greenwich DR	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33647	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 _____ (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. ☒ **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 NAME D Kim, Chyn R. <input type="checkbox"/> Delete	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 6255 Greenwich DR	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP TAMPA FL 33647	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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]** **1/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)