

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003127

1. Entity Name

H.K. INTERNATIONAL OF CENTRAL FLORIDA, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90081 048 ***150.00

Principal Place of Business

Mailing Address

5689 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708
US

5689 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

3. Mailing Address

7645 TURKEY LK. RD.

7645 TURKEY LK. RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

4. FEI Number

59-3424625

Applied For

Not Applicable

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

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

KIM, HYUNG K
5689 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

Name

KIM, HYUNG K

Street Address (P.O. Box Number is Not Acceptable)

7645 TURKEY LAKE RD.

City

ORLANDO

FL

Zip Code

32819

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS KIM, HYUNG K
CITY-ST-ZIP 5689 RED BUG LAKE ROAD
WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7645 TURKEY LK. RD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KIM, HYUNG K

4/24/00 (407) 492-9210

CR2E034 (9/99)