## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P97000075369 Mar 20, 2000 8:00 am Secretary of State DONNA KIM COMPANY, INC. 03-20-2000 90009 037 \*\*\*158.75 Mailing Address Principal Place of Business 100 E. SAMPLE RD. 100 E. SAMPLE RD. STE 210 STE 210 POMPANO BEACH FL 33064-3548 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business ederal Hw (SAME 1430 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0741997 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TINGCANG-KIM, DONNA Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY **STE 174 DELRAY BEACH FL 33483** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 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 RESIDENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTOR 12. 11. TINGCANG-KIM, DONNAMEChange Add CR2E034 (9/99) TITLE TITLE Delete NAME SOTTILE, PAT NAME STREET ADDRESS STREET ADDRESS 1730 S. FEDERAL HWY. STE #174 CITY-ST-ZIP CITY-ST-ZIE **DELRAY BEACH FL 33483** ☐ Addition Delete TITLE TITLE TINGCANG-KIM, DONNA M NAME NAME STREET ADDRESS STREET ADDRESS 1730 S. FEDERAL HWY. STE. #174 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 ether properties. 03/14/00

Daytime Phone #