

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084222

1. Entity Name

SAE RYUN INTERNATIONAL, U.S.A, INC.

Principal Place of Business

18433 S DRIVE HIGHWAY
MIAMI FL 33157

Mailing Address


18433 S DRIVE HIGHWAY
MIAMI FL 33157

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90017 028 ***155.00

Abstract

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18433 S. Dixie Hwy Suite, Apt. #, etc. Miami, FL 33157 City & State		3. Mailing Address Suite, Apt. #, etc. City & State		 DO NOT WRITE IN THIS SPACE	
Zip Country		Zip Country		4. FEI Number 65-0787700 <div> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YI, HAN UNG 13900 S.W. 90 AVE, EE206 MIAMI FL 33176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIM, KWANG W 1764 N.W. 20TH STREET MIAMI FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. P. YI, HAN UNG 13900 S.W. 90 AVE, EE-206 MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

x03/15/00

Date _____

X(305) 259-3544

Daytime Phone #