

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90454 040 \*\*\*163.75

90001060



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P97000084222	
<b>1. Entity Name</b> SAE RYUN INTERNATIONAL, U.S.A, INC.	

<b>Principal Place of Business</b> 18433 S DIXIE HIGHWAY MIAMI FL 33157	<b>Mailing Address</b> 18433 S DIXIE HIGHWAY MIAMI FL 33157
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<b>2. Principal Place of Business</b> 18475 S. Dixie Hwy Suite, Apt. #, etc.	<b>3. Mailing Address</b> 18475 S. Dixie Hwy Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, FL 33157	<b>City &amp; State</b> Miami, FL 33157
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-0787700	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  YI, HAN UNG 13900 S.W. 90 AVE, EE206 MIAMI FL 33176
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<b>7. Name and Address of New Registered Agent</b>  Name Han Ung Yi Street Address (P.O. Box Number is Not Acceptable) 8742 S.W. 212th Terrace City Miami, FL Zip Code 33189
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<b>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.</b>  SIGNATURE <u>YI HAN UNG</u> <u>YI</u> <u>1/8/03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>
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<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> YI, HAN U 13900 SW 90 AVE EE-206 MIAMI FL 33176 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> Han Ung Yi 8742 S.W. 212th Terrace Miami, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
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<b>SIGNATURE:</b> <u>SIGNATURE REQUIRED</u> <u>HAN UNG YI</u> <u>1/8/03</u> <u>(305) 259-3544</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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CR2E034 (10/02)