2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAM! FL 33157

3. Mailing Address

Suite, Apt. #, etc.

18475

City & State

Miami,

Zip

18433 S DIXIE HIGHWAY

DOCUMENT # **P97000084222**

1. Entity Name

MIAMI FL 33157

18475

City & State

Miami,

YI. HAN UNG

MIAMI FL 33176

13900 S.W. 90 AVE, EE206

Zip

Suite, Apt. #, etc.

Principal Place of Business

2. Principal Place of Business

18433 S DIXIE HIGHWAY

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

S. Dixie Hwy

FL 33157

Country

6. Name and Address of Current Registered Agent



S. Dixie Hwy

FL 33157

Country

Name

Han

8742

Street Address (P.

FILED
Jan 13, 2003 8:00 am
Secretary of State
01 12 2002 00454 040 ***162 75

01-13-2003 90454 040 ***163.75

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20001000	
K CHECK HERE IF MAKIN	IG CHANGES
4. FEI Number 65-0787700	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of New Registered	d Agent
Ung Yi	-
O. Box Number is Not Acceptable)	
S.W. 212th Terrac	:e
i, F	L Zip Code 33189
d agent, or both, in the State of Florida. I an	n familiar with, and accept
	18/03
hen reinstating) DATE	<u> </u>
Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11
	Change Addition
Ung Yi 2 S.W. 212th Terra	

		City	Miami,			FL	• ~33î	89
named entity submits this statement for the purplions of registered agent.	ose of changing its r	egistered office or	registered ager	nt, or both, i	n the State of	Florida. I am	familiar with,	and accept
>7 /k			7			//	8/00	3
Signature, typed or printed name of registered agent and title if app	ficable. (NOTE:	Registered Agent signatur	e required when reins	stating)		DATE		
ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State						· · ·		0 May Be I to Fees
OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CF	IANGES TO C	FFICERS AND	DIRECTOR	S IN 11
DP	☐ Delete	TITLE	DP				🔀 Change	Addition
YI, HAN U		NAME	Han Uı	na Y	i			
13900 SW 90 AVE EE-206		STREET ADDRESS				Terra	ce	
MIAMI FL 33176		CITY-ST-ZIP						
	☐ Délete	TITLE					☐ Change	Addition
	222 54.0.0	NAME					-	
		STREET ADDRESS						
		CITY-ST-ZIP						
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		NAME					_ *	
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		CITY-ST-ZIP						
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		STREET ADDRESS						
		CITY-ST-ZIP						
	□ Delete	TITLE					Change	Addition
		NAME						_
		STREET ADDRESS						
		CITY-ST-ZIP						
i .	Signature, typed or printed hame of registered agent and title if applications of the state of t	Signature, typed or printed name of registered agent and title if applicable (NOTE: LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS DP YI, HAN U 13900 SW 90 AVE EE-206 MIAMI FL 33176 Delete	named entity submits this statement for the purpose of changing its registered office or ons of registered agent. ###################################	named entity submits this statement for the purpose of changing its registered office or registered agent ons of registered agent. #### ###############################	named entity submits this statement for the purpose of changing its registered office or registered agent, or both, it ons of registered agent.	named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of ons of registered agent. Common	named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ons of registered agent. Signature, typed or printed haze of registered agent applicable HALL UNG	named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, one of registered agent.

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 (305)259-35-d

CR2E034 (10/02)