200 UNIFORM BUS	INESS REPOR	T (UBRY	imended proved	
DOCUMENT #197000086421			AND FILED	
K & S MIAMI CORPORATION			00 NOV 13 AM 7: 34	
rincipal Place of Business Mailing Address			OFORFTARY OF STATE	
2824 N.W. 5TH AVE,	2824 N.W. 5	TH AUE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MIAMI FL 33127	MISHI FL 3			
•				
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number Applied For Not	
Zip Country	Zip C	Country	5 Cartificate of Status Desired S8.75 Additional	Die
6. Name and Address of Curren	t Registered Agent	-	7. Name and Address of New Registered Agent	
		Name		
LANG, YUNG SANG 2824 N.W. 5TH AUG		Street Address	(P.O. Box Number is Not Acceptable)	
MIBMI FL 33127		City	FL Zip Code	-
The above named entity submits this statement factoring the statement factoring in the statement	or the purpose of changing its regi	stered office or registe		\neg
11 4 1/2			6/30/00	
SIGNATURE Signa Sprinled name of registered agen	it of dutte if applicable (NOTE: Reg	jistered Agent signature require	ed when reinstating) DATE	
9. This corporator is eligible to satisfy its Intangibl Tax filing requirement and elects to do so." (See criteria on back)	e FILE NOW!!! F After MAY 1, 2000 i Make Check Payable to	Fee will be \$550.00		
11. OFFICERS AND	第四年1996年 1986年 1	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\exists
TITLE NAME KANG, YUNG STREET ADDRESS CITY-ST-ZIP HIBMI TL 23	□ Delete SANG AUE 127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	tion
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CITY-ST-ZIP		CITY-ST-ZIP		-
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NAME STREET ADDRESS		NAME STREET ADDRESS) // //,	
CITY-ST-ZIP		CITY-ST-ZIP	\sim	
I indicated on this report or supplemental report.	is true and accurate and that my si powered to execute this report as re	ionature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or direction, Florida Statutes; and that my name appears in Block 11 or Block 12.	01
SIGNATURE: MANAGE SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR D	IRECTOR	6/30/00 305-573-0406 Date Daytime Phone #	_
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