## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P98000018348 **DOCUMENT # Secretary of State** 1. Entity Name 02-11-2002 90025 035 \*\*\*150.00 Y & K ENTERPRISES, INC. Mailing Address Principal Place of Business 2750 NW JRD AVENUE SUITE 2 2401\_NW\_5TH-AVE--MIAMI FL 33127 MIAMI FL 33127 3. Mailing Address 2. Principal Place of Business NW 5th Ave # 2401 NW 2401 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #1 Applied For 4. FFI Number City & State City & State 65-0816800 FL M; ami Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired 33127 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIM, YOUNG KOO Street Address (P.O. Box Number is Not Acceptable) 2401 NW 5TH AVE **MIAMI FL 33127** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (10/6) ☐ Delete TITLE PD TITLE KIM. YOUNG KOO NAME NAME STREET ADDRESS 15145 DUNBARTON ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KIM, KYONG JA STREET ADDRESS STREET ADDRESS 15145 DUNBARTON ST City-ST-7IP CITY-ST-ZIP MIAMI FL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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