

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029764

1. Entity Name

NORTHLAKE PLAZA, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90017 006 ***150.00

Principal Place of Business

8279 STEEPLECHASE DR
WEST PALM BEACH FL 33418

Mailing Address

8279 STEEPLECHASE DR
WEST PALM BEACH FL 33418-7706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0825647**

Applied For

Not Applied For

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEWITT, JOHN W
10625 NORTH MILITARY TRAIL
SUITE 208
PALM BEACH GARDENS FL 33410-6552

change to →

7. Name and Address of New Registered Agent

Name **Kyu Taek Oh**
Street Address (P.O. Box Number is Not Acceptable) **12890 Touchstone Place**
Palm Beach Gardens
City **Palm Beach Gardens** FL Zip Code **33418**

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

Kyu Taek Oh
Signature, typed or printed name of registered agent and title if applicable.

Kyu Taek Oh
(NOTE: Registered Agent signature required when reinstating)

1-14-2000
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP HONG, WILLIAM S**
STREET ADDRESS **8279 STEEPLECHASE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

William S. Hong

William S. HONG, Pres

Date

Daytime Phone #

1-14-2000 (561) 624 3119