

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041140

1. Entity Name

D.J.E., INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 034 ***550.00

Principal Place of Business

2928 NORTH STATE ROAD 7 #2023
LAUDERDALE LAKES FL 32311

Mailing Address

8840 NW 50TH DR
CORAL SPRINGS FL 33065

2. Principal Place of Business

1205 NE 163rd STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE #105

City & State

City & State

NORTH MIAMI BEACH FL

Zip

33162

Country

U.S.

Zip

Country

4. FEI Number

65-0834715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOON, SECK T

8840 NW 50TH DR

CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME YOON, SEOK T
STREET ADDRESS 8840 NW 50TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2000 (305) 944-0202
Date Daytime Phone #