

FILED  
Apr 09, 2003 8:00 am  
Secretary of State

02-26-2003 90125 045 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000041140

1. Entity Name  
D.J.E., INC.



Principal Place of Business  
1205 NE 163RD STREET  
SUITE #105  
N MIAMI BEACH FL 33162  
US

Mailing Address  
1205 NE 163RD STREET  
SUITE #105  
N MIAMI BEACH FL 33162  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0834715

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

YOON, SEOK T  
8840 NW 50TH DR  
CORAL SPRINGS FL 33065

**7. Name and Address of New Registered Agent**

Name YOON, SEOK T  
Street Address (P.O. Box Number is Not Acceptable)  
1205 NE 163 RD STREET STE 105  
City N MIAMI BEACH FL Zip Code 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/19/03

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	YOON, SEOK T	1205 NE 163RD STREET STE #105	MIAMI FL 33162	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEOK TAE YOON  
4/6/03 305 944-0202  
Date Daytime Phone #

CR2E034 (10/02)