

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90036 032 \*\*\*150.00

DOCUMENT # P98000071070

1. Entity Name

YOO WON INDUSTRIAL, AMERICA INC.

Principal Place of Business

Mailing Address

4501 NW 102 CT  
MIAMI FL 33178

4501 NW 102 CT  
MIAMI FL 33178-2289

2. Principal Place of Business

2800 plaza del Amo

3. Mailing Address

2800 plaza del Amo

Suite, Apt. #, etc.

# 217

Suite, Apt. #, etc.

# 217

City & State

Torrance CA.

City & State

Torrance CA.

Zip

90505

Country

U.S.A.

Zip

90505

Country

U.S.A.

4. FEI Number

65-0858441

5. Certificate of Status Desired

☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, HECTOR ESQ.

717-PONCE-DE-LEON,STE.219

CORAL GABLES FL 33134

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 \$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

Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

YOON, HEE JONG

4501 NW 102 CT

MIAMI FL 33178

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

LEE, JEONG-HAE

4501 NW 102 CT

MIAMI FL 33178

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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 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 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

Date

Daytime Phone #