2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # P98000089828 1. Entity Name 05-14-2002 90207 026 ***150.00 KANG INVESTMENT ENTERPRISE, INC. Principal Place of Business Mailing Address 5096 38TH STREET S. 5096 38TH STREET S. ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Mac)// Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3539299 lampa Not Applicable ≟Zip Country \$8.75 Additional 5. Certificate of Status Desired П 3609 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANG, HEE MYEON Street Address (P.O. Box Number is Not Acceptable) 5096 38TH STREET S. ST PETERSBURG FL 33711 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition KANG, HEE MYEON NAME NAME STREET ADDRESS 5096 38TH STREET S. STREET ADDRESS ST PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIĞNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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