

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90183 046 \*\*\*150.00

**DOCUMENT # P98000105320**

**1. Entity Name**  
**DAEWOO ELECTRONICS CENTRAL AMERICA INC.**

**Principal Place of Business**

**8300 NW 53RD STREET**  
**202**  
**MIAMI FL 33166**

**Mailing Address**

**8300 NW 53RD STREET**  
**202**  
**MIAMI FL 33166**

**80016405**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**  
**65-0881706**

Applied For  
 Not Applicable

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

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

**CHOI, EUNG J**  
**8300 NW 53RD STREET**  
**#202**  
**MIAMI FL 33166**

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

Name **LEE, CHUL**

Street Address (P.O. Box Number is Not Acceptable)  
**8205 S.W. 132 STREET**

City **MIAMI**

**FL**

Zip Code  
**33156**

**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]*

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, 2002 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 **P** ☐ Delete  
 NAME **LEE, CHUL**  
 STREET ADDRESS **8205 S.W. 132ND ST.**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VPTS** ☒ Delete  
 NAME **CHANG-SUK, OH**  
 STREET ADDRESS **11353 S.W. 87 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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 **UP T S** ☐ Change ☒ Addition  
 NAME **MOON, BYONG SOO**  
 STREET ADDRESS **10100 S.W. 77 CT**  
 CITY-ST-ZIP **MIAMI FL 33156**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-716-5455**

CR2E034 (9/01)