## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2000 8:00 am Secretary of State DOCUMENT # P99000007119 1. Entity Name SEOUL GARDEN RESTAURANT, INC. 04-04-2000 90036 001 \*\*\*150 00 Principal Place of Business Mailing Address 416 MORTH TYNDALL PARKWAY C/O YU D. HAN. C.P.A. PANAMA CITY FL 32404 10916-1A ATLANTIC BLVD JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Numbe City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAN, YU D C.P.A. Street Address (P.O. Box Number is Not Acceptable) 10916-1A ATLANTIC BLVD. JACKSONVILLE FL 32225 City 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE ☐ Addition NAME CHOE, SUN H NAME STREET ADDRESS 5909 HOWARD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PANAMA CITY FL 32404 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME CHOE, SOON Y STREET ADDRESS 5909 HOWARD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 ☐ Delete TITLE ☐ Addition TITLE ☐ Change 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-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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CHOE, SUN H. 3-31,00 850-747-0303

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