

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91122 027 \*\*\*150.00

**DOCUMENT # P99000014879**

1. Entity Name

**KIL MIN, INC.**

Principal Place of Business

**1745 WELLS ROAD - 301 -  
 ORANGE PARK FL 32073**

Mailing Address

**C/O YU D. HAN, C.P.A.  
 10916-1A ATLANTIC BLVD.  
 JACKSONVILLE FL 32225**

2. Principal Place of Business

**10585 CREST GLEN CIR. E  
 Suite, Apt. #, etc.**

3. Mailing Address

**4401 Emerson St  
 Suite 8**

City & State

**JACKSONVILLE**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3556465**

Applied For

Not Applicable

Zip

**FL**

Country

**32256**

Zip

**32207 Duval**

Country

**Duval**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HAN, YU D CPA  
 10916-1A ATLANTIC BLVD.  
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Yu D. Han, C.P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**4401 Emerson St**

**Suite 8**

City **Jacksonville**

**FL**

Zip Code

**32207**

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, 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	DP	<input type="checkbox"/> Delete
NAME	KIL, MIN S	
STREET ADDRESS	1745 WELLS ROAD 301	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Min S. Kil*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (904) 237-0469**

Date

Daytime Phone #

CR2E034 (9/01)