

DOCUMENT # P99000039269

1. Entity Name

C&S OCEAN OF FUN SERVICES, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-23-2000 90256 037 ***158.75

Principal Place of Business

7481 SW 8TH ST.
MIAMI FL 33144-4547

Mailing Address

7481 SW 8TH ST.
MIAMI FL 33144-4547

2. Principal Place of Business

726 NE 2 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0954404

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHUNG, SUNNY
 7481 SW 8TH ST.
 MIAMI FL 33144-4547

7. Name and Address of New Registered Agent

Name

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

1132 SW 75 AVE

City Miami

FL

Zip Code

33144

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	CHUNG, SUNNY	1132 SW 75TH AVE.	MIAMI FL 33144	<input type="checkbox"/>
	CHUNG, DOO-SEOK	1132 SW 75TH AVE.	MIAMI FL 33144	<input type="checkbox"/>
	CHUNG, CHOL	1132 SW 75TH AVE.	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000 (305) 577-6007