

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000050896

1. Entity Name

UNION MEDICAL USA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 17 AM 11:31

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3750 NW 114th Avenue

3. Mailing Address
3750 NW 114th Avenue

Suite, Apt. #, etc.

Unit 5

Suite, Apt. #, etc.

Unit 5

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
65-0926329

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

NAME
CORPORATION COMPANY OF MIAMI

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

201 S. Biscayne Blvd., #1500MML

City
Miami

FL

Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, hand or printed name of registered agent and title if applicable.

Felicia Hickey Asst Secy of CCOM

2-14-03

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/T/S/D

NAME
Mr. Myeong Su Park

STREET ADDRESS
3750 NW 114th Ave., Unit 5

CITY-ST-ZIP
Miami, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myeong Su Park, President

2-13-03

305-494-4738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)