2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900054727 May 01, 2000 8:00 am Secretary of State EG COMPUTER, INC. 05-01-2000 90379 048 ***150.00 Mailing Address Principal Place of Business 2940 N.W 72ND AVE. 2940 N.W 72ND AVE. MIAMI FL 33122 MIAMI FL 33122-1312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent KIM, SUN HWA Street Address (P.O. Box Number is Not Acceptable) 2940 N.W 72ND AVE. MIAMI FL 33122 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 16. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Director ☐ Change ✓ Addition PD Delete TITLE TITLE kim,-Yoon Sock NAME NAME KIM, SUN HWA 19370 Callins Ave # 1229E STREET ADDRESS STREET ADDRESS 19370 COLLINS AVE.,#1227 CITY-ST-ZIP Aventura, FL 33160 CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete ☐ Change ☐ Addition TITLE TITLE VPD BAEK, JOO HAK NAME NAME STREET ADDRESS STREET ADDRESS 3911 N.E. 23RD TERR. CITY-ST-7IP CITY-ST-ZIP LIGHT HOUSE POINT FL 33064 ____ Change ___ Addition_ SD-Delete NAME NAME YOO, YOUNG MIN STREET ADDRESS STREET ADDRESS 3930 TREE TOPS RD. CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

FILED

SIGNATURE: MG OFFICER OR DIRECTOR

ike empowered.

changed, or on an attachment with an age

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