

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062805

APPROVED
06-22-2000 90002 025 ***558.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
KIM CONSULTING AND THERAPIES, INCORPORATED

Principal Place of Business Mailing Address
4701 EAGLESHAM DRIVE 4701 EAGLESHAM DRIVE
ORLANDO FL 32826 ORLANDO FL 32826-4020

2. Principal Place of Business 3. Mailing Address
Bay Prof. Bldg, Suite 102-B
2061 Bay (Palm) Rd.
Palm Bay, FL
City & State FL

Zip Country Zip Country
32905 U.S.A.

4. FEI Number Applied For
05-0352090 Not Applicable
5. Certificate of Status Desired - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIM, JAMES
4701 EAGLESHAM DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *James Kim* DATE June 17, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. 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 | President JAMES K. Kim 4701 Eaglesham DR. Orlando, FL 32826 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Peter Lockey, CPA; Norwood Corp. Ctr 1500 Providence Hwy Norwood, MA 02062 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Young K. Kim 4701 Eaglesham DR. Orlando, FL 32826 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *James Kim* DATE June 17, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(0) 321-729-9419
(H) 407-380-2472
Daytime Phone #

C-32E034 (9/99)