2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000070090 DOCUMENT

1. Entity Name



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90074 014 ***150.00

JAY KOR	EA, INC.		ĺ		0.2	7 03 2003 3001 1	011 130.	00	
Principal Place of Business 1323 S MILITARY TRAIL DEERFIELD BEACH FL 33442 Mailing Address 1323 S MILITARY DEERFIELD BEACH DEERFIELD BEACH									
2. Principal f	Place of Business	3. Mailing Address				# 	#111 1 44 11 93 411 84 114 1	I E I I LE I LE I I E I I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0945484 Applied For Not Applicable				
Žip	Country	Zip	Count	гу	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	litional d	
	6. Name and Address of Current		17	7. Name and Addr	ess of New Register	ed Agent			
KIM, JUNG-YONG				Name					
	ILITARY TRAIL		Street Address (F			P.O. Box Number is Not Acceptable)			
DEERFIELD BEACH FL 33442									
•				City			Zip Code	9	
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, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)	DAT	TE .		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					l l	Campaign Financing and Contribution.	\$5.0 Added	May Be to Fees	
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHAN	IGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIM, JUNG-YONG 1323 S MILITARY TRAIL DEERFIELD BEACH FL 33442	☐ Delete		i i			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUNG CHUL, KIM 1323 S MILITARY TRAIL DEERFIELD BEACH FL 33442	□ Delete ·					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM SINGH, ROMEL - 1323 S MILITARY TRAIL DEERFIELD BEACH FL 33442	☐ Delete		T ADDRESS ST-ZIP	a second		☐ Change ~	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with	Delete	CITY-S	T ADDRESS ST-ZIP	140.07(0)(7) 51		☐ Change	Addition	

Interiory certify tractine 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(954) 4x6-8573

Daytime Phone #