2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0100037	`	Secretary of State 07-18-2001 90259 034 ***550.00		
Principal Place of Business 701 N CONGRESS AVE BAY #4 BOYNTON BEACH FL 33426		Mailing Address 702 KINTYRE TERRACE PALM BEACH GARDENS FL 33418		D0058767		
2. Principal Place of Business		3. Mailing Address		L REGISTER THE RESIDENCE THE RESIDENCE OF THE PROPERTY OF THE	III	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0960913 Applied Fo		
Zíp ·	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
The second of the control of the con			Name: The Tourist of the Name: The Name: The Name: Nam			
tee, Seung W Lee, Eugene B. (name change, 702 KINTYRE TERRACE see below) WEST PALM BEACH FL 33418			Street Ad	t Address (P.O. Box Number is Not Acceptable)		
WEST PAI	LM DEACH FL 33416		City	FL Zip Code		
Tax filing r	Signature, week or printed name of registered agent a Eugene B. Lee oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After September 12, Make Check Payabl	! FEE IS \$550.0 2001 Fee will be	be \$750.00 Trust Fund Contribution Added to Fees		
TITLE	PD	Delete	TITLE	Change Add	dition	
NAME STREET ADDRESS CITY-ST-ZIP	SHIN, HYOMI 702 KINTYRE TERRACE PALM BEACH GARDENS FL 3341		NAME STREET ADDRESS CITY-ST-ZIP		antion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, SEUNG-W- Lee, Euge 702 KINTYRE TERRACE PALM BEACH GARDENS FL 3341	8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	name changed with US District Court, Southern District, Florida on May 18, 2001	dition	
NAME STREET ADDRESS CITY-ST-ZIP	na mana un que la presenta en en en en	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	
indicated of the cor	on this report or supplemental report is	true and accurate and that my wered to execute this report a	y signature shall ha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio have the same legal effect as if made under oath; that I am an officer or direct napter 607, Florida Statutes; and that my name appears in Block 11 or Block 1:	tor	