

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90217 047 ***150.00

DOCUMENT # V08236

1. Entity Name

HANIL KWAN, INC.

Principal Place of Business

**3715 CYPRESS ST
TAMPA FL 33607
US**

Mailing Address

**3715 W. CYPRESS ST.
TAMPA FL 33607
US**

2. Principal Place of Business

3. Mailing Address

8104 W. Waters Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL 33615

Zip

Country

Zip

Country

33615

4. FEI Number

59-3103686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAE, JONG KUK

3715 W. CYPRESS CT.

TAMPA FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAE, JONG KUK 3715 W CYPRESS CT TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, SUK TAE 3715 W CYPRESS STREET TAMPA FL 33607	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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 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:

Suk Tae Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachments

V68236

KI H. CHOI, C.P.A., P.A.

113 South MacDill Avenue, Suite # B, Tampa, FL 33609

Telephone: (813) 876-6442

Facsimile: (813) 872-8979

회사 등록세 보고서

(CORPORATION ANNUAL REPORT)

상호 (NAME) : HAN IL KWAN, INC.

날짜 (DATE) : 4/20/2002

년도 (YEAR) : 2002

1. 표시된 곳에 서명과 날짜를 기입하시고,
2. 수표 \$ 150.00 를 "DEPARTMENT OF STATE" 앞으로 쓰시고
3. 함께 동봉한 봉투로 4/30/2002 이전에 우송 하십시오.