

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
 09-06-2001 90267 036 ***550.00

DOCUMENT # V29421

1. Entity Name
BAUREX CORPORATION

Principal Place of Business

4013 W. LINEBAUGH AVENUE
109
TAMPA FL 33624
US

Mailing Address

15020 ROCKY LEDGE DR
TAMPA FL 33625
US

2. Principal Place of Business

12092 ANDERSON ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33625

Country

USA

Zip

Country

4. FEI Number

59-3119840

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHANG, IK KOON
15020 ROCKY LEDGE DR.
TAMPA FL 33625

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ **Delete**
NAME **CHANG, IK KOON**
STREET ADDRESS **15020 ROCKY LEDGE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **VTD** ☐ **Delete**
NAME **CHANG, HYUNSOOK K**
STREET ADDRESS **15020 ROCKY LEDGE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ **Delete**
NAME **LEE, CHANG H**
STREET ADDRESS **6707 NORTH HABANA**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHANG, IK KOON.

Date

Daytime Phone #

CR2E034 (5/01)