

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90566 015 \*\*\*150.00

**DOCUMENT # F80570**



1. Entity Name  
**PANKOR INVESTMENTS, INC.**

Principal Place of Business  
**10404 BIT AND SPUR LANE  
POTOMAC MD 20854**

Mailing Address  
**10404 BIT AND SPUR LANE  
POTOMAC MD 20854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

**LEE, CHANG GUN  
964 RIVER EDGE COURT  
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YIM, YEUW S</b>	
STREET ADDRESS	<b>14800 HOOVER STREET</b>	
CITY-ST-ZIP	<b>WESTMINSTER CA 92683</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHIN, SI W</b>	
STREET ADDRESS	<b>11607 MASTERS LUN</b>	
CITY-ST-ZIP	<b>ELLIOTT CITY MD 21042</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PARK, JOO S</b>	
STREET ADDRESS	<b>10404 BIT AND SPUR LANE</b>	
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED NCC PRESENT 1-6-2003 301-983-3011 DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (10/02)