2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # P93000007532 **Secretary of State** CITY FASHION HUMAN HAIR SUPPLIES COMPANY 01-30-2001 90176 046 ***150.00 Principal Place of Business Mailing Address 18200 NW 27 AVE. 3782 W. OAKLAND PARK BL. LAUDERDALE FL 33311 UUU10555 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address 1553 Salerno Circle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0385441 Weston, Not Applicable Country ~ Zip Country \$8.75 Additional 5. Certificate of Status Desired 33327 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JASON, PARK Street Address (P.O. Box Number is Not Acceptable) 3782 W OAKLAND PARK BLVD LAUDERDALE FL 33311 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition TITLE NAME PARK, JEONG W NAME STREET ADDRESS 3782 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

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 eath; 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