

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014303

1. Entity Name

LEGEND OF JEWELRY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90787 009 ***158.75

Principal Place of Business

3015 NW 79TH STREET
 #F 60-70
 MIAMI FL 33147

Mailing Address

3015 NW 79TH STREET
 #F 60-70
 MIAMI FL 33147-4705

2. Principal Place of Business

3015 NW 79th Street

Suite, Apt. #, etc.

F 69-70

City & State
 MIAMI FL

Zip

33147

Country

3. Mailing Address

11940 S.W 12th St

Suite, Apt. #, etc.

City & State
 Pembroke Pines FL

Zip

33025

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

#65-089-4502

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHO, SANDY H
 3015 NW 79TH STREET
 #F 60-70
 MIAMI FL 33147

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 \$150.00
After MAY 1, 2000 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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | KIM, YOUNG KU | |
| STREET ADDRESS | 3015 NW 79TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE | VITIS | <input type="checkbox"/> Delete |
| NAME | YONG-NAN BRENTON | |
| STREET ADDRESS | 11940 S.W 12th St | |
| CITY-ST-ZIP | Pembroke Pines FL 33025 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Young N Brenton

Date 4/28/2000 Daytime Phone #

CR2E034 (9/99)