

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90004 016 ***150.00

DOCUMENT # M17335

1. Entity Name
EAST WEST FASHIONS INTERNATIONAL INC.

Principal Place of Business
140 SOLANA PRADO
CORAL GABLES FL 33156

Mailing Address
140 SOLANA PRADO
CORAL GABLES FL 33156

2. Principal Place of Business
5435 NW 94 DORAL PL

3. Mailing Address
5435 NW 94 DORAL PL

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.
MIAMI FL

City & State

City & State

4. FEI Number
59-2548248

Applied For
☐ Not Applicable

Zip
33178 Country
MIAMI-DADE

Zip
33178 Country
MIAMI-DADE

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

KIM, HONG R
140 SOLANA PRADO
CORAL GABLES FL 33156

Name
 Street Address (P.O. Box Number is Not Acceptable)
5435 NW 94 DORAL PL
 City **MIAMI** FL Zip Code **33178**

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)

7-23-01
 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD KIM, HONG R** ☐ Delete
 STREET ADDRESS **140 SOLANA PRADO**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
 NAME **5435 NW 94 DORAL PL** ☐ Change ☐ Addition
 STREET ADDRESS **MIAMI FL 33178**
 CITY-ST-ZIP

TITLE
 NAME **STD KIM, MYUNG S** ☐ Delete
 STREET ADDRESS **140 SOLANA PRADO**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
 NAME **5435 NW 94 DORAL PL** ☐ Change ☐ Addition
 STREET ADDRESS **MIAMI FL 33178**
 CITY-ST-ZIP

TITLE
 NAME **TD KIM, SEUNG W** ☐ Delete
 STREET ADDRESS **140 SOLANA PRADO**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE
 NAME **5435 NW 94 DORAL PL** ☐ Change ☒ Addition
 STREET ADDRESS **MIAMI FL 33178**
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

Pdt

7-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0047355 AV

CR2E034 (5/01)

Attachment

A0079935

7/23/01

HM17335

Division of Corp.
Tallahassee FL.

Dear Sir:

Attached is the FORM ANNUAL Report for
my Corp.

We moved and the report was misplaced
and how that I received it and send
to you.

I appreciate very much that you enter
that report as the first time.
Thank in Advance

Vah
Hong R Kios