

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91347 031 ***150.00

DOCUMENT # P00000022826

1. Entity Name
TIK & SAVE, INC.

Principal Place of Business

**8860 NW 24TH TERRACE
MIAMI FL 33172**

Mailing Address

**8860 NW 24TH TERRACE
MIAMI FL 33172**

2. Principal Place of Business

**2401 NW 50th Ave
Suite, Apt. #, etc.
#4**

3. Mailing Address

**5791 NW 116 Ave
Suite, Apt. #, etc.
APT 110**

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33127 Country
USA

Zip
33178 Country

4. FEI Number
65-0989085

Applied For
☐ Not Applicable

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

**HONG CHOI, HYE YOUNG
8860 NW 24TH TERRACE
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

**5791 NW 116 Ave # 110
MIAMI FL 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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HONG CHOI, HYE YOUNG**
STREET ADDRESS **8860 NW 24TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33172**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5791 NW 116 Ave APT 110**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)