

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051805

1. Entity Name

SUPREMA FIFTH AVENUE DRY CLEANERS, INC.

70054459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7400 N Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

7400 N Federal Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1011850

Applied For

Not Applicable

Zip

33487

Country

Zip

33487

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Kim, Wooong B

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

7400 N. Federal Hwy

City Boca Raton

FL

Zip Code 33487

**DO NOT WRITE
IN THIS SPACE**

8. This 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 reconstituting)

DATE

4/27/03

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 PTSD
NAME Kim, Wooong B
STREET ADDRESS 22389 SW 66th Avenue #1504
CITY, ST, ZIP Boca Raton, FL 33428

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/27/03

DEPARTMENT OF STATE

CR2034B (12/01)