

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91305 027 ***150.00

DOCUMENT # P00000075470

1. Entity Name
ANNA S. KWON, P.A.

Principal Place of Business **Anna Kwon** **Mailing Address** **Anna Kwon**
~~11094 NW 8TH COURT~~ **2350 NW 139th Ave.** ~~11094 NW 8TH COURT~~
~~PLANTATION FL 33324~~ **Sunrise, FL 33323-5326** ~~PLANTATION FL 33324~~

2350 NW 139th Ave.
Sunrise, FL 33323-5326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Goldwell Banker* **3. Mailing Address** *2350 NW 139 Ave*
 Suite, Apt. #, etc. *Suite 200* Suite, Apt. #, etc.
100 S. Pine Island Rd
 City & State *Plantation, FL* City & State *Sunrise, FL*
 Zip *33324* Country *Florida* Zip *33323* Country *Florida*

4. FEI Number **65-1035665** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KWON, ANNA S
~~11094 NW 8TH COURT~~ **Anna Kwon**
~~PLANTATION FL 33324~~ **2350 NW 139th Ave.**
Sunrise, FL 33323-5326

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]* (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	KWON, ANNA S	11094 NW 8TH CT 2350 NW 139th Ave.	PLANTATION FL 33324 Sunrise, FL 33323-5326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Anna S. Kwon* **4/29/02 (954) 560-5589**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0230512 AV

CR2E034 (9/01)