

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90026 020 \*\*\*150.00

**DOCUMENT # P00000079233**

1. Entity Name  
**ERICA'S GOLD & JEWELRY INC.**

Principal Place of Business  
**225 EAST 28 STREET  
RIVIERA BEACH FL 33404**

Mailing Address  
**225 EAST 28 STREET  
RIVIERA BEACH FL 33404**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1033961**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHUL CHUNG, HEE** *HEE CHUL, CHUNG*  
**225 EAST 28 STREET  
RIVIERA BEACH FL 33404**

**7. Name and Address of New Registered Agent**

Name  
**Hee Chul CHUNG**

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 *Hee Chul Chung* **Hee Chul Chung, President** **1/22/01**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHUL CHUNG, HEE</b> <i>HEE CHUL, CHUNG</i> <b>225 EAST 28 STREET RIVIERA BEACH FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>IM CHUNG, HYO</b> <i>HYO IM CHUNG</i> <b>225 EAST 28 STREET RIVIERA BEACH FL 33404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hee Chul CHUNG</b> <b>(CHUNG is last name)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hyo Im CHUNG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Hee Chul Chung* **Hee Chul Chung, Pres. 1/22/01**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2034 (10/00)