

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91777 044 ***150.00

DOCUMENT # P01000014925

1. Entity Name
SBJ UNIVERSAL CORP.

Principal Place of Business

27 NW 45TH AVE., APT. #208
DEERFIELD BEACH FL 33442

Mailing Address

27 NW 45TH AVE., APT. #208
DEERFIELD BEACH FL 33442

00118538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Coconut Creek FL
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 970233
 Suite, Apt. #, etc.

City & State

Coconut Creek

City & State

Coconut Creek FL

4. FEI Number

65-1094439

Applied For

Not Applicable

Zip

33097

Country

USA

Zip

33097

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIN, JIN WOO

460 JEFFERSON DR., APT. 302
DEERFIELD FL 33442

7. Name and Address of New Registered Agent

Name
Brett M. Friedman

Street Address (P.O. Box Number is Not Acceptable)
27 NW 45th Ave #208

City **Deerfield Beach** **FL** **Zip Code** **33442**

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 **Brett M. Friedman**
 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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ **Delete**
NAME **SHIN, JIN WOO**
STREET ADDRESS **460 JEFFERSON DR., APT. 302**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ **Delete**
NAME **FRIEDMAN, BRETT MICHAEL**
STREET ADDRESS **27 NW 45TH AVE., APT. #208**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ **Delete**
NAME **FIOL, STEVEN ERIC**
STREET ADDRESS **153 LUCKY HOLLOW DR.**
CITY-ST-ZIP **PARAMUS NJ 07652**

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **Change** ☐ **Addition**
NAME **CFO**
STREET ADDRESS **Fiol, Steven Eric**
CITY-ST-ZIP **3 Scarlett Oak Lane**
Paramus, NJ 07652

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 **954-857-3558**

CR2E034 (9/01)