

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 044 ***150.00

DOCUMENT # P01000027209

1. Entity Name
APHRODITE BEAUTY SUPPLY, INC.



Principal Place of Business
**9501 ARLINGTON EXPRESSWAY
SUITE 935
JACKSONVILLE, FL 32225**

Mailing Address
**YU D HAN CPA
4401 EMERSON STREET #8
JACKSONVILLE, FL 32207**

2. Principal Place of Business
Suite, Apt. #, etc.
935

3. Mailing Address
Suite, Apt. #, etc.
935

City & State
JACKSONVILLE, FL

Zip
32225

Country
US



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HAN, YU D CPA
10916-1A ATLANTIC BLVD
JACKSONVILLE, FL 32225**

4. FEI Number
59-3706120

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
YOUNG H. KIM
Street Address (P.O. Box Number is Not Acceptable)
4435 TOUCHTON RD # 223
City
JACKSONVILLE **FL** Zip Code
32246

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X* *YOUNG H. KIM* **YOUNG H. KIM** **4/29/03**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIM, YOUNG H 10616 BRIGHTON HILL CIR S JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, PAN S 10616 BRIGHTON HILL CIR S JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, YANG S 10616 BRIGHTON HILL CIR S JACKSONVILLE, FL 32256	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *YOUNG H. KIM* **YOUNG H. KIM** **4/29/03** **904-724-1909**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)