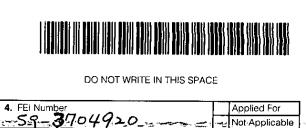
## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P01000027838 1. Entity Name MAX BEAUTY SUPPLY OF MONTICELLO, INC. Principal Place of Business Mailing Address 1275 S JEFFERSON ST C/O YU HAN. C.P.A. MONTICELLÓ FL 32344 10016-1A ATLANTIC BLVD JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address 4401 EMERSON Street Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE \_8 City & State City & State JACKSON VILLE

## **FILED** May 13, 2002 8:00 am § Secretary of State

05-13-2002 90258 011 \*\*\*150.00



| 200                                                                                                                                                                                          | Country                                                               | 32207                            | DUVAL                                    | 5. Certificate of Status                           | s Desired                         | \$8.75 Add<br>Fee Require |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|------------------------------------------|----------------------------------------------------|-----------------------------------|---------------------------|-------------------|
| 6. Name and Address of Current Registered Agent                                                                                                                                              |                                                                       |                                  |                                          | 7. Name and Address of New Registered Agent        |                                   |                           |                   |
| HAN, YU D<br>10918-1A ATLANTIC BLVD<br>JACKSONVILLE FL 32225                                                                                                                                 |                                                                       |                                  |                                          | Street Address (P.O. Box Number is Not Acceptable) |                                   |                           |                   |
|                                                                                                                                                                                              |                                                                       |                                  | City JAC                                 | ESONVILLE                                          | FL                                | Zip Code                  | 207               |
| 8. The above                                                                                                                                                                                 | e named entity submits this statement fo                              |                                  |                                          | istered agent, or both, in the                     | State of Florida.                 |                           |                   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to Do |                                                                       |                                  |                                          | UU Trust Eup d                                     | mpaign Financing<br>Contribution. |                           | May Be<br>to Fees |
| 11.                                                                                                                                                                                          | OFFICERS AND                                                          | DIRECTORS                        | 12.                                      | ADDITIONS/CHANG                                    | S TO OFFICERS AND                 | DIRECTORS                 | IN 11             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        | DPST<br>LEE, BYUNG B<br>815 N JEFFERSON ST 102<br>MONTICELLO FL 32344 | ☐ Delete                         | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |                                                    |                                   | ☐ Change                  | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        |                                                                       | ☐ Delete                         | TITLE NAME STREET ADDRESS - CITY_ST-ZIP- | 1                                                  | incia and many                    | Change                    | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        |                                                                       | ☐ Delete                         | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                                                    |                                   | ☐ Change                  | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        | \$1.2                                                                 | ☐ Delete                         | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                                                    |                                   | ☐ Change                  | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        | -                                                                     | ☐ Delete                         | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |                                                    |                                   | ☐ Change                  | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                        |                                                                       | ☐ Delete                         | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | <b>W</b> .                                         |                                   | ☐ Change                  | Addition          |
| 13. I hereby o                                                                                                                                                                               | 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 cer           | tify that the inf         | ormation          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR