

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90050 016 ***150.00

DOCUMENT # **PO10000647551**
1. Entity Name
SC DAY SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
328 N. Ocean Blvd.
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL
Zip
33062 Country
Broward

City & State
Zip Country

4. FEI Number
74-3057889 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Chom-Ok Choe

Street Address (P.O. Box Number is Not Acceptable)

328 N. Ocean Blvd.

City **Pompano Beach FL** Zip Code **33062**

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, typed or printed name of registered agent and fee # applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**President, Treas. & Director
Chom-Ok Choe
328 N. Ocean Blvd.
Pompano Beach FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, Sec. & Director
Sun-Duck Park
328 N. Ocean Blvd.
Pompano Beach FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 954-781-7471
Date Daytime Phone #

CR2E034B (12/01)

Attachment

677384

S.C. DAY SPA, INC.

328 North Ocean Boulevard
Pompano Beach Florida 33062

Telephone (954) 781-7472

PD/00004755-1

August 27, 2002

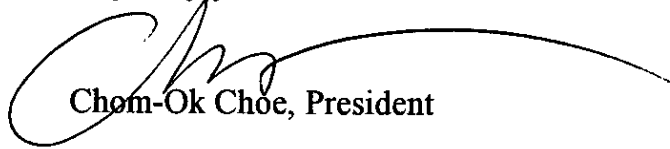
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

RE: SC DAY SPA, INC.

TO WHOM IT MAY CONCERN:

Enclosed is a Uniform Business Report for SC Day Spa, Inc. As President I did not receive the report from the State and upon requesting a EIN from the IRS my attorney informed me the Report for the company had not been filed. Please accept the Report and the enclosed check for \$150.00 for the filing fee. Thank you fro your cooperation in thnis matter and feel free to call me at the above number if you-need further information.

Very truly yours,


Chom-Ok Choe, President