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 # P01000064755 1

1. Entity Name
SC DAY SPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
328 N. Ocean Blvd.	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Pompano Beach FL	City & State
Zip: 33062 Country: Broward	Zip Country

DO NOT WRITE IN THIS SPACE

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: Chon-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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement 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 Chon-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-Duk 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

CR2E034B (12/94)

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: _____ 8/27/02 954-781-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

677384

P01000047551

S.C. DAY SPA, INC.
328 North Ocean Boulevard
Pompano Beach Florida 33062

Telephone (954) 781-7472

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