

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90198 014 \*\*\*150.00

0637494 SP

**DOCUMENT # P01000050612**

1. Entity Name

**SEWING BY SOON, INC.**

Principal Place of Business

~~382 W.S.R. 434~~  
 LONGWOOD FL ~~32750~~

*It was changed*  
 2551 W. SR 434  
 Longwood, FL 32779

Mailing Address

~~382 W.S.R. 434~~  
 LONGWOOD FL ~~32750~~

*2551 W. SR 434*

*32779*

2. Principal Place of Business

**2551 W. SR 434**

Suite, Apt. #, etc.

3. Mailing Address

**2551 W. SR 434**

Suite, Apt. #, etc.

*Longwood*

City & State  
**Longwood, FL**

Zip

**32779**

Country

**Seminole**

City & State

**Longwood, FL**

Zip

**32779**

Country

**Seminole**

4. FEI Number

**59-372-7565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GWI SON, SOON- Soon Gwi - SON**  
~~382 W.S.R. 434~~  
 LONGWOOD FL ~~32750~~ → **32779**

7. Name and Address of New Registered Agent

Name ~~SEWING BY SOON, INC.~~ **SOON Gwi, SON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2551 W. SR 434**  
 City **Longwood** **FL** Zip Code **32779**

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-23-02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTD SON, SOON Gwi</b>	<b>1010 DOLLY LN</b>	<b>LAKELAND FL 33813</b>	<input type="checkbox"/>
	<b>SD SON, HYUNG KYU</b>	<b>1010 DOLLY LN</b>	<b>LAKELAND FL 33813</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>clubside Dr</b>	<b>1203 Clubside Dr</b>	<b>Longwood, FL 32779</b>	<input checked="" type="checkbox"/>
	<b>clubside Dr</b>	<b>1203 Clubside Dr</b>	<b>Longwood, FL 32779</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-23-02 (407) 788-2910**

Date

Daytime Phone #

CR2E034 (9/01)