

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90095 040 ***150.00

DOCUMENT # P01000098256

1. Entity Name

FASHION IN TOWN, CORP.

Principal Place of Business

**5748 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32810**

Mailing Address

**5748 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32810**



2. Principal Place of Business

5748 N. ORT

3. Mailing Address

5748 N. ORT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

594-39-1048

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

32810

Country

Orange

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIM, TAE K

864 GRAND REGENCY POINTE

APT. #202

ALTAMONTE SPRING FL 32714

Name

Kim, TAE K.

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

864 Grand Regency pointe APT # 202

City

Altamonte Spring

FL

**Zip Code
 32714**

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)

1-5-02

DATE

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 **Owner** ☐ Delete
 NAME **TAE K. KIM**
 STREET ADDRESS **864 Grand Regency pointe APT. # 202**
 CITY-ST-ZIP **Altamonte Spring, FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] **TAE K. KIM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

Date

Daytime Phone #

CR2E034 (9/01)