

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

attachment

FILED

DOCUMENT # **02000005865**
1. Entity Name
JULIAN CHANG COUTURE INC

04 FEB 17 2004
02000005865

SECRETARY OF STATE
TALLahassee FLORIDA

DO NOT WRITE IN THIS SPACE

000029379510

02/25/04--01015--012 **300.00

STATEMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1071 NE 79 ST
Suite, Apt. # etc

3. Mailing Address
1071 NE 79 ST
Suite, Apt. # etc

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
75-2982963
Applied For
Not Applicable

Zip
33138

Country
US

Zip
33138

Country
US

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 **JULIAN CHANG**
Street Address (P.O. Box Number is Not Acceptable)
1071 NE 79 ST
City **MIAMI FL** Zip Code **33138**

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 date of filing NOTE: Registered Agent's address for this filing

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

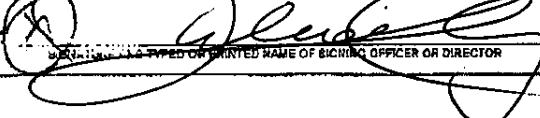
10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHANG, JULIAN 1071 NE 79 ST MIAMI, FL 33138
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TITLE NAME STREET ADDRESS CITY-STATE-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)(f), Florida Statutes. I further certify that the information indicated on this 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 or without a telephone number.

SIGNATURE 
Signature, typed or printed name of signing officer or director

2/10/04 304-7513900
Date Deputy Name

CR2E004B (12/01)

attachment

P02000005865

JULIAN CHANG COUTURE, INC
1071 NE 79 STREET
MIAMI, FL 33138

February 10, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: JULIAN CHANG COUTURE, INC
DOC # P02000005865

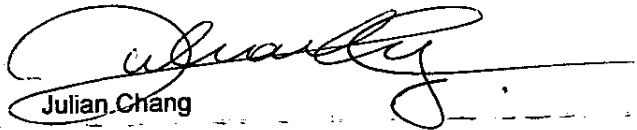
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my UBR form with my fee of \$300.00 for the year 2003 and 2004

Thank you very much for your help and understanding.

Sincerely,


Julian Chang