

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

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90063 024 ***150.00

DOCUMENT # *P02 000033473*

1. Entity Name

WORLD FASHION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10513 MILBURN LN

3. Mailing Address

10513 MILBURN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33498

Country

Zip

33498

Country

4. FEI Number

30-0060156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

IM; HO KYUN

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

10513 MILBURN LN

City

BOCA RATON

FL

Zip Code

33498

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x*

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

(NOTE: Registered Agent signature required when reinstating)

x

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>DPS</i>
NAME	<i>IM, HO KYUN</i>
STREET ADDRESS	<i>10513 MILBURN LN</i>
CITY-ST-ZIP	<i>BOCA RATON FL 33498</i>
TITLE	<i>DUP T</i>
NAME	<i>LEE, KYUNG OCK</i>
STREET ADDRESS	<i>10513 MILBURN LN</i>
CITY-ST-ZIP	<i>BOCA RATON FL 33498</i>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/03/03

Date

x 954-915-5211

Daytime Phone #

CR2E034B (12/02)