

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91400 015 ***150.00

DOCUMENT # P02000099397

1. Entity Name
KS DOLLAR & BEAUTY, INC.



Principal Place of Business
**209 S. STATE 7
MARGATE FL 33068**

Mailing Address
**209 S. STATE 7
MARGATE FL 33068**

00041003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

209 S. State Road 7

Suite, Apt. #, etc.

209 S. State Road 7

City & State

Margate, FL

City & State

Margate, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0642755

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

33068

Country

U.S.A.

Zip

33068

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

IL-HOE-KIM

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

209 S. State Road 7

City

Margate, FL

FL

Zip Code

33068

KIM, IL HOE
209 S. STATE 7
MARGATE FL 33068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **KIM, IL HOE**
STREET ADDRESS **7601 EAST TREASURE DR. #502**
CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE **SD** ☐ Delete
NAME **KIM, EUN MYUNG**
STREET ADDRESS **7601 EAST TREASURE DR. #502**
CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 969-1922

CR2E034 (10/02)