

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90073 034 ***150.00

DOCUMENT # P93-8300

1. Entity Name

C K Jewelry, Inc.

DO NOT WRITE IN THIS SPACE

420367

2. Principal Place of Business

3015 NW 79 St.

3. Mailing Address

15677 S W 16 Court

Suite, Apt. #, etc.

D 68669

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0385294

Applied For

Not Applicable

Zip

33147

Country

Dade

Zip

33027

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jan Ku

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

15677 SW 16 Ct.

City

Pembroke Pines

FL

Zip Code

33027

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

Jan Ku

Jan Ku, President

2/20/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Ku, Jan
STREET ADDRESS 15677 SW 16 Ct.
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE SD
NAME KU, Dong Yup
STREET ADDRESS 15677 SW 16 Ct.
CITY-ST-ZIP Pembroke Pines, FL 33027

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE

Jan Ku

Jan Ku, Pres. 2/20/02 (305)835-0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)