## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE AND T

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State DOCUMENT # **P94000086667** 1. Entity Name GOLDEN GRACE JEWELRY, INC. 01-29-2001 90066 039 \*\*\*150.00 Principal Place of Business Mailing Address 2612 SAWGRASS MILLS 2612 SAWGRASS MILLS. CIRCLE SPACE 1511, BOOTH 10 CIRCLE SPACE 1511, BOOTH 10 SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0539470 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WON, YOO TAEK Street Address (P.O. Box Number is Not Acceptable 7 4 7 NW 132 7E -747 NW 133 TERRACE PLANTATION FL 33325 Zip Code 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, typed or prints (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible--FILE-NOW!!!.FEE.IS-\$150.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DOS TITLE ☐ Delete ☐ Addition NAME WON, YOO TAEK NAME STREET ADDRESS 747 NW 132 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7/8 CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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