

DOCUMENT # P94000088446

1. Entity Name

YOUNG FASHION, INC.

FILED  
May 20, 2000 8:00 am  
Secretary of State

05-20-2000 90011 019 \*\*\*150.00

Principal Place of Business

2770 N.W. 183 STREET  
CAROL CITY FL 33056

Mailing Address

2770 N.W. 183 STREET  
CAROL CITY FL 33056-3530

2. Principal Place of Business

YOUNG FASHION, INC.  
2770 N.W. 183rd Street  
Carol City, Florida 33056  
Ph: (305) 625-4567

3. Mailing Address

YOUNG FASHION, INC.  
2770 N.W. 183rd Street  
Carol City, Florida 33056  
Ph: (305) 625-4567



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0547987

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KWON, YONG K.  
15815 COTS WOLD CT.  
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name YONG K. KWON

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

15815 COTS WOLD CT

City DAVIE FLA 33331 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to the State of Florida.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KWON, YONG K	15815 COTS WOLD CT.	DAVIE FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P. S.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1. 7. 2000

3056254567

CR2E034 (9/99)