

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90055 030 \*\*\*550.00

**DOCUMENT # P95000034844**

1. Entity Name  
**BEAUTY ZONE, INC.**

Principal Place of Business

**1510 S FRENCH AVE  
 SANFORD FL 32771**

Mailing Address

**1510 S FRENCH AVE  
 SANFORD FL 32771**

2. Principal Place of Business

**1552 S. French Ave**

3. Mailing Address

**1552 S. French Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanford FL**

City & State

**Sanford, FL**

4. FEI Number

**59-3309958**

Applied For

Not Applicable

Zip

Country

**32771**

**USA**

Zip

Country

**32771**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, KYUNG C  
 1552 S HRENH AVE  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

**Chelsik Choi**

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

**1552 S. French Ave.**

City

**Sanford**

FL

Zip Code

**32771**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **LEE, KYUNG C**  
 STREET ADDRESS **708 SILVERSMITH CIR**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **Chelsik Choi**  
 STREET ADDRESS **2820 SUNLAKE LOOP APT #102**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Kyung Hec Choi**  
 STREET ADDRESS **2820 SUNLAKE LOOP APT #102**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)