

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076754

1. Entity Name

J. YIM CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90067 031 ***150.00

Principal Place of Business

Mailing Address

4935 NW 91ST TER
 SUNRISE FL 33351

4935 NW 91ST TER
 SUNRISE FL 33351-5360

2. Principal Place of Business

3. Mailing Address

3283 Ridge Trace
 Suite, Apt. #, etc.

3283 Ridge Trace
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie FL

City & State

Davie F.L.

4. FEI Number

65-0617191

Applied For

Not Applicable

Zip

33328

Country

Davie

Zip

33328

Country

Davie

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YIM, SHING
 4935 NW 91ST TER
 SUNRISE FL 33351

Name

Yim, Shing

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

3283 Ridge Trace

City

Davie

FL

Zip Code

33328

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS YIM, SHING
 CITY-ST-ZIP 4935 NW 91ST TER
 SUNRISE FL 33351

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TSANG, KWOK H
 CITY-ST-ZIP 4935 NW 91ST TER
 SUNRISE FL 33351

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

Shing Yim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

Daytime Phone #

CR2E034 (9/99)