

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079131

1. Entity Name

TIFFANY OF MIAMI, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90020 038 \*\*\*150.00

Principal Place of Business

Mailing Address

2602 N.W. 5TH AVENUE  
MIAMI FL 33127

2602 N.W. 5TH AVENUE  
MIAMI FL 33127-4111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0620039

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAE, HEE YOUNG

~~10827 NW 3RD CT~~

~~PEMBROKE PINES FL 33026~~

*changed →*

Name

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

5641 SW 113 AVE

Cooper City

FL

Zip Code

33330

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 ~~BAE, KUN WOEN W OAN~~

STREET ADDRESS ~~10827 NW 3RD CT~~

CITY-ST-ZIP ~~PEMBROKE PINES FL 33026~~

*changed →*

TITLE ☐ Delete

NAME BAE, HEE YOUNG

STREET ADDRESS 10827 NORTHWEST 3RD COURT

CITY-ST-ZIP ~~PEMBROKE PINES FL 33026~~

*changed*

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 ☐ Change ☐ Addition

NAME

STREET ADDRESS 5641 SW 113 AVE

CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 5641 SW 113 AVE

CITY-ST-ZIP COOPER CITY FL 33330

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)