

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079131

1. Entity Name

TIFFANY OF MIAMI, INC.

Principal Place of Business

2602 N.W. 5TH AVENUE
MIAMI FL 33127

Mailing Address

2602 N.W. 5TH AVENUE
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0620039

Applied For

Not Applicable

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
5641 SW 113 AVE
COOPER CITY FL 33330

Name

BAE, HEE YOUNG

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

5236 S.W 116 TERRACE

City

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, 2001 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 SD ☐ Delete
NAME BAE, KUN WOEN
STREET ADDRESS 5641 SW 113 AVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE SD ☒ Change ☐ Addition
NAME BAE, KUN WOAN
STREET ADDRESS 5236 S.W 116 TERRACE
CITY-ST-ZIP COOPER CITY, FL, 33330

TITLE PD ☐ Delete
NAME BAE, HEE YOUNG
STREET ADDRESS 5641 SW 113 AVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE PD ☒ Change ☐ Addition
NAME BAE, HEE YOUNG
STREET ADDRESS 5236 S.W 116 TERRACE
CITY-ST-ZIP COOPER CITY, FL, 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 149.07(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 #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90099 038 ***150.00

A0009863



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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