

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90188 011 ***150.00

DOCUMENT # P960000 35412
1. Entity Name NORMA JEN COLLECTIBLES INC
 OIB/A THE O'LL GALLERY

Principal Place of Business 15468 NW 77 CT
 MIAMI LAKES, FL 33016
Mailing Address

2. Principal Place of Business 15468 NW 77 CT
3. Mailing Address 15468 NW 77 CT
 Suite, Apt. #, etc.

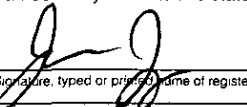
City & State MIAMI LAKES FL 33016
City & State MIAMI LAKE FL
Zip 33016 **Country** DADE **Zip** 33016 **Country** DADE

4. FEI Number 65-0676254
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JEN JUNG
 10475 SW 153 CT #2
 MIAMI, FL 33196

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  JEN JUNG, VP. **DATE** 5/6/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT <input checked="" type="checkbox"/> Delete	NAME NORMA RODRIGUEZ
STREET ADDRESS 7230 FAIRWAY DR # F2	
CITY-ST-ZIP MIAMI LAKES FL 33014	
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	NAME JEN JUNG
STREET ADDRESS 10475 SW 153 CT #2	
CITY-ST-ZIP MIAMI FL 33196	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME NORMA M. GOMEZ
STREET ADDRESS 7230 FAIRWAY DR # F2	
CITY-ST-ZIP MIAMI LAKES FL 33014	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  JEN JUNG, Vice President **DATE** 5/6/00 **Daytime Phone #** (305) 826-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)