

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090553

1. Entity Name

EBONY FASHION BEAUTY MART, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90155 036 ***150.00

Principal Place of Business

Mailing Address

1308 EAST HILLSBOROUGH AVE
TAMPA FL 33604

1308 EAST HILLSBOROUGH AVE
TAMPA FL 33604-7210

2. Principal Place of Business

3. Mailing Address

5026 East 10th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

59-3439400

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

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

KIM, OK DUK
1308 EAST HILLSBOROUGH AVE
TAMPA FL 33604

Name

Yi KYUNG KIM

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

5026 East 10th Avenue

City

Tampa

FL

Zip Code

33619

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	D	<input checked="" type="checkbox"/> Delete
NAME	KIM, OK DUK	
STREET ADDRESS	1308 EAST HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33604	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DY KYUNG KIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	last name	
STREET ADDRESS	5026 East 10th Ave	
CITY-ST-ZIP	Tampa FL 33619	
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)(f), 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 #

4/17/2000

CR2E034 (9/99)