

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015837

1. Entity Name

EASY WEAR, INC.

Principal Place of Business

Mailing Address

2830 5TH AVE
MIAMI FL 33127
US

2830 NW 5TH AVE
MIAMI FL 33127-3924
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33127

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, AESUN
12411 SW 106TH STREET
MIAMI FL 33186

Name

Lee, Aesun

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

15947 SW 20 ST

City

Davie

FL

Zip Code

33326

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 LEE, JEIL
STREET ADDRESS 12411 SW 106TH STREET
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete
NAME LEE, AESUN
STREET ADDRESS 12411 SW 106TH STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
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

Aesun Lee 1-12-2000

Date

Daytime Phone #

305-438-0466

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90020 019 ***150.00

A0000832



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required