

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025870

1. Entity Name
TIFFANY CAPITAL CORP.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90006 020 ***150.00

Principal Place of Business

7220 NW 36 ST.
#220
MIAMI FL 33166

Mailing Address

7220 NW 36 ST.
#220
MIAMI FL 33166

2. Principal Place of Business

3111 N. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc. SAME

Suite, Apt. #, etc.

431

City & State

CORAL SPRINGS FL

City & State

Zip

33065

Country

USA

Zip

Country

4. FEI Number 65-0738447

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

BLUMBERG EXCELSIOR CORPORATE SERVICE, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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

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 P
NAME CHO, JAY
STREET ADDRESS 4630 NW 102 AVE #202
CITY-ST-ZIP MIAMI FL 33178

TITLE PRESIDENT
NAME CHO, JAY
STREET ADDRESS 910 CORAL RIDGE DR #303
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

(JAY CAO)

1/10/01

(305) 468-0011

Date

Daytime Phone #

WILL CHANGE TO 656-1020

CR2E034 (10/00)