FILED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000037307** 1. Entity Name NEW PARIS, INC.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Defete

☐ Delete

Delete

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

City

Mailing Address 500 NW 24TH STREET

MIAMI FL 33127-4300

3. Mailing Address

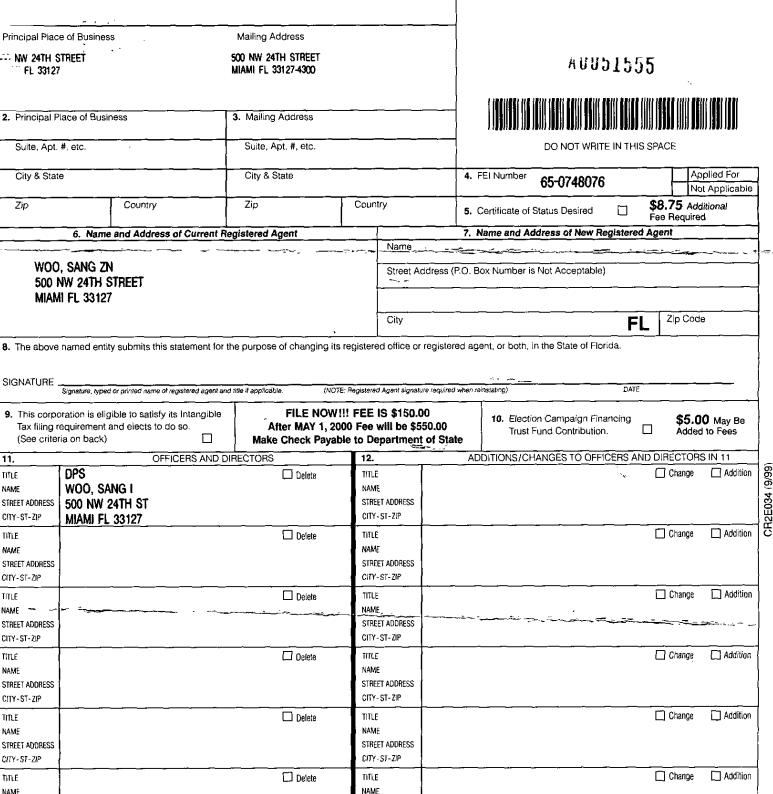
City & State

Zip

Suite, Apt. #, etc.

May 02, 2000 8:00 am Secretary of State

05-02-2000 90052 023 ***150.00



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

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

WOO. SANG ZN

500 NW 24TH STREET MIAMI FL 33127

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WOO, SANG I

500 NW 24TH ST

MIAMI FL 33127

(See criteria on back)

DPS

11.

TITLE

NAME

TITLE

TITLE NAME

TITLE

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

--- NW 24TH STREET

FI 33127

AUCUSEOUN 89 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR