2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03, 2002 8:00 am Secretary of State P97000081960 DOCUMENT # 1. Entity Name 02-03-2002 90016 004 ***150 00 SUN MEN'S WEAR INC. Principal Place of Business Mailing Address 12144 WEST SAMPLE ROAD 12144 WEST SAMPLE ROAD **CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address 18200 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #78 Applied For City & State City & State 4. FEI Number 65-0784247 Not Applicable Miami.FI Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33056 Miami-Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEONG, YEON DUO Street Address (P.O. Box Number is Not Acceptable) 12144 W SAMPLE ROAD **CORAL SPRINGS FL 33065** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Delete TITLE Change ☐ Addition TITLE NAME jeong, yeon doo NAME 12144 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

. MENDE YeonDoo Jeong, Pres. 1/16/02 (305)628-1984

FILED