2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000084164 Apr 25, 2000 8:00 am Secretary of State ANGELS DRY CLEANERS, INC. 04-25-2000 90137 036 ***150.00 Principal Place of Business Mailing Address 778 RIVERSIDE AVENUE 778 RIVERSIDE AVENUE CORAL SPRINGS FL 33071-7611 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0785452 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent-7.-Name and Address of New Registered Agent Name CHO, SUK IN Street Address (P.O. Box Number is Not Acceptable) 778 RIVERSIDE AVENUE CORAL SPRINGS FL 33071 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ŔΩ TITLE ☐ Change ☐ Addition 🗗 Delete TITLE CHO, MYLING JA NAME NAME STREET ADDRESS STREET ADDRESS 10088 COUNTRY-BROOK RD. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL. 33428** ☐ Change ☐ Addition 88-2D TITLE TITLE CHO, SUK TA NAME NAME STREET ADDRESS 10088 COUNTRY BROOK RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change Addition ☐ Delete TITLE PD NAME NAME CHO SUK IN STREET ADDRESS BOCA RATON . TIL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR