

FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90148 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000091212

1. Entity Name
TRISTAR TEXTILE, INC.



Principal Place of Business
6157 NW 167 ST
STE F-10
MIAMI LAKES FL 33015
US

Mailing Address
6157 NW 167 ST
STE F-10
MIAMI LAKES FL 33015
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0289434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHO, SANDY.H
2750 NW 3RD AVE. #9
MIAMI FL 33127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JEONG, YUN U
STREET ADDRESS 6095 N.W. 167TH ST. SUITE#D-8
CITY-ST-ZIP MIAMI LAKES FL 33015 ☐ Delete

TITLE PD
NAME Jeong, Yun U
STREET ADDRESS 2540 West 84th st. Suite#2
CITY-ST-ZIP Hialeah, FL 33016 ☒ Change ☐ Addition

TITLE SD
NAME JEONG, CHONG M
STREET ADDRESS 6095 N.W. 167TH ST. SUITE #D-6
CITY-ST-ZIP MIAMI LAKES FL 33015 ☐ Delete

TITLE SD
NAME Jeong, Chong M
STREET ADDRESS 2540 West 84th st. Suite#2
CITY-ST-ZIP Hialeah, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(305) 231-1180

Daytime Phone #

CR2E034 (10/02)