

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000097681**1. Entity Name  
MIAMI TOP FASHION, INC

## Principal Place of Business

18200 NW 27TH AVE #56

MIAMI  
33056

FL

## Mailing Address

18200 NW 27TH AVE #56

MIAMI  
33056

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

65-0796609

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LEE HYE C  
18200 NW 27TH AVE #56MIAMI  
33056

FL

## 7. Name and Address of New Registered Agent

Name

LIM KYUNG S

Street Address (P.O. Box Number is Not Acceptable)  
18200 NW 27TH AVE #56City  
MIAMI

FL

Zip Code  
33056

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 **LIM, KYUNG SOON**

04/22/2001

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | SGM                     | <input type="checkbox"/> Delete |
| NAME           | LEE SANG C              |                                 |
| STREET ADDRESS | 1543 SW 161 AVE         |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33027 |                                 |
| TITLE          | PSD                     | <input type="checkbox"/> Delete |
| NAME           | LEE HYE C               |                                 |
| STREET ADDRESS | 1543 SW 161 AVE         |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33027 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | SGM                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIM KYUNG S             |  |
| STREET ADDRESS | 10955 SW. 15TH ST. #201 |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33025 |  |
| TITLE          | PSD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LIM KYUNG S             |  |
| STREET ADDRESS | 10955 SW 15TH ST. #201  |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33025 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: **LIM, KYUNG SOON**

PSD

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)