## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 27, 2002 8:00 am secretary of State P98000084000 DOCUMENT # 1. Entity Name 05-27-2002 90491 004 \*\*\*150 00 VICTORY FASHION, INC. Principal Place of Business Mailing Address 2661 NW 5TH AVE. 2661 NW 5TH AVE. MIAMI FL 33127 MIAM! FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0866483 Not Applicable Zip Country 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. SOON J Street Address (P.O. Box Number is Not Acceptable) 2661 NE 5TH AVE MIAMI FL 33127 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 (NOTE: Registered Agent signature required when reinstating) 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, 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 CR2E034 (9/01) TITLE ☐ Delete TITLE CHO. SOON JAE NAME NAME copar crty JL 33.026 12901 NW 1ST ST., APT. 112-STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME CHO. KEA SOON STREET ADDRESS <del>12901 NW-13T ST., APT. 112-</del> STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

Date

Daytime Phone #