FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am

DOCUMENT # P 9800008523) 1. Entity Name FASh ION TEAHIC. Inc					Secretary of State 05-02-2002 90049 047 ***150.00			
	DO NOT WRITE	IN THIS S	PAC	E				
2. Principal Place of Business 390 N.W. 27 th ST. Suite, Apt. #, etc.		3. Mailing Address 390 N.W. 27 ⁴⁴ ST. Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE		
City & State		City & State MI4HI FL.		. •	4.	4. FEI Number Applied For 65-08-68-548 Not Applicable		
Zip 33	ראן Country	Zip 33 27	Cour	ntry	5.		75 Additional Required	
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	DO NOT W	RITE			(PO F	Box Number is Not Acceptable)	·	
IN THIS SPACE				Officer Address	(r <u>.O.</u> t	Number is Not Acceptable)		
		, (OL		City		—. 17	in Code	
8. The above named entity submits this statement for the purpose of changing its re				<u>,</u>			ip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payable				Registered Agent signature required by 1 Fee is \$150.00 i, Fee is \$550.00 UBR is \$61.25 e to Department of Stat		anstating) DATE 10. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS	TITLE	· T				
NAME STREET ADDRESS CITY-ST-ZIP	CHONG, EDWARD 390 N.W. 2775T. MIRHI FL. 33127	l	NAM STRE	i i				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHONG, HYON HUI 390 N.W. 27th ST. MIAHI FL. 3312	_						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	his filling dogs not awalife for	CiTY-	T ADDRESS ST-ZIP	otics	19.07(3)(i), Florida Statutes. I further certify tha		
1. ar ar a 7. 7.	Company of the compan	g acconor quality for	0701	inpuloji stated ili se		TOTO (O)(I), FIDINGE STEELINGS, FRUITHER CERTIFY INE	raic anomation	

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 on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #