

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013474

1. Entity Name
FASHION Q, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90252 009 ***150.00

Principal Place of Business

**18200 NW 27TH AVENUE
#54-55
MIAMI FL 33056**

Mailing Address

**6900 SW 88TH ST
A-401
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

10680 WASHINGTON ST.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 202

City & State

City & State

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33025

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIM, MIN HWAN
18200 NW 27TH AVENUE
#54-55
MIAMI FL 33056**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE *Min Hwan Kim*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIM, HYUN DUL	
STREET ADDRESS	6900 SW 88TH ST. #A-401	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIM, MIN KWAN	
STREET ADDRESS	6900 SW 88TH ST. #A-401	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: *Min Hwan Kim*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0195386

CR2E034 (10/00)