

FILED

Jun 18, 2002 8:00 am
Secretary of State

05-21-2002 91162 049 ***150.00

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000049169

1. Entity Name

#1 JEWELRY, INC.

DO NOT WRITE IN THIS SPACE

93559

2. Principal Place of Business

1710 W 45TH STREET

Suite Apt. #, etc.

SUITE Q5 & Q6

City & State

WEST PALM BEACH, FL

Zip

33047

Country

3. Mailing Address

1710 W 45TH STREET

Suite, Apt. #, etc.

SUITE Q5 & Q6

City & State

WEST PALM BEACH, FL

Zip

33047

Country

4. FEI Number

65-0922584

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

KIM, TAE H

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

1710 W 4TH STREET SUITE Q5 & Q6

City

WEST PALM BEACH

FL

Zip Code

33402

DO NOT WRITE
IN THIS SPACE

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

[Signature]

(NOTE: Registered Agent's Signature required when manifesting)

DATE

4/29/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR to \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIM, TAE H
STREET ADDRESS	8 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	SD
NAME	KIM, YOU S
STREET ADDRESS	8 SHELDRAKE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

CR2034B (12/01)