

2001 UNIFORM BUSINESS REPORT (UBR)

2/5/1

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90118 009 ***150.00

DOCUMENT # P99000064618

1. Entity Name

COVER MASTERS, INC.

Principal Place of Business

% COVER MASTERS, SUNG MUN INVESTMENT
1180 SPRING CENTRE S. BLVD., #208
ALTAMONTE SPRINGS, FL 32714

Mailing Address

% COVER MASTERS, SUNG MUN INVESTMENT
1180 SPRING CENTRE S. BLVD., #208
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

1180 SPRING CENTRE S. BLVD., #208
Suite, Apt. #, etc.
208

3. Mailing Address

Same as Above
Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3587396

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SONG, YUNG S
3008 FOXHILL CIR., #208
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

SUNG MUN

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

1180 SPRING CENTRE S. BLVD SUITE 208

ALTAMONTE SPRINGS

City

FL

Zip Code

32714

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, typed or printed name of registered agent and title if applicable.

SUNG MUN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	SONG, YUNG S	
STREET ADDRESS	3008 FOXHILL CIR., #208	
CITY-ST-ZIP	APOPKA FL 32703	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIN, M. HEE	
STREET ADDRESS	1180 SPRING CENTRE S. BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

407 786-5757

Daytime Phone #

CR2E034 (10/00)