

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90001 024 \*\*\*150.00

**DOCUMENT # P99000083834**

1. Entity Name

**SHALLON JEWELRY, INC.**

Principal Place of Business

Mailing Address

2425 N. DIXIE HWY.  
 LAKE WORTH FL 33460

2425 N. DIXIE HWY.  
 LAKE WORTH FL 33460-6252

2. Principal Place of Business

1206 S. DIXIE Hwy  
 Suite, Apt. #, etc.  
 Lake Worth, FL 33460  
 City & State

3. Mailing Address

1206 S. DIXIE Hwy  
 Suite, Apt. #, etc.  
 Lake Worth  
 City & State  
 FL



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33460

4. FEI Number

65-0949794

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RA, HYUN AH  
 2425 N. DIXIE HWY.  
 LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name RA, HYUN AH  
 Street Address (P.O. Box Number is Not Acceptable)  
 1206 S. DIXIE Hwy  
 Lake Worth, FL 33460  
 City FL 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

*Hyun Ah*

4-21-00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	RA, HYUN AH	
STREET ADDRESS	1470 SW 101 TERRACE APT. 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HWANG, BEOM SEOK	
STREET ADDRESS	1470 SW 101 TERRACE APT. 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARK, JEONG KEE	
STREET ADDRESS	1470 SW 101 TERRACE APT. 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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	<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	
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:** *Hyun Ah* **HYUN AH RA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-00 954-661-8045**

Date

Daytime Phone #

CR2E034 (9/99)