

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90178 024 \*\*\*150.00

**DOCUMENT # P99000083834**

1. Entity Name  
**SHALLOM JEWELRY, INC.**

Principal Place of Business

**6247 INDIAN FOREST CR  
 LAKE WORTH FL 33460**

Mailing Address

**1206 S DIXIE HWY  
 LAKE WORTH FL 33460**

2. Principal Place of Business

**1206 S. DIXIE HWY  
 Suite, Apt. #, etc.  
 Lake Worth, FL**

3. Mailing Address

**1206 S. DIXIE HWY  
 Suite, Apt. #, etc.**

City & State

**City & State  
 Lake Worth, FL**

4. FEI Number

**65-0949794**

Applied For  
 Not Applicable

Zip  
**33460**

Country

Zip  
**33460**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HWANG, ESTHER A  
 6249 INDIAN FOREST CR  
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name  
**HWANG, ESTHER A**

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

**3700 MAX PLACE #208**

City  
**BOYNTON BEACH**

**FL**

Zip Code  
**33436**

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

*Esther Hwang*

**4/15/02**

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, 2002 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** ☐ Delete  
 NAME  
**HWANG, ESTHER**  
 STREET ADDRESS  
**6247 INDIAN FOREST CR**  
 CITY-ST-ZIP  
**LAKE WORTH FL 33463**

TITLE  
**VPSD** ☐ Delete  
 NAME  
**HWANG, BEOM SEOK**  
 STREET ADDRESS  
**6247 INDIAN FOREST CR**  
 CITY-ST-ZIP  
**LAKE WORTH FL 33463**

TITLE  
**VPD** ☒ Delete  
 NAME  
**PARK, JEONG KEE**  
 STREET ADDRESS  
**1470 SW 101 TERRACE APT. 207**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL 33025**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**3700 MAX PLACE #208  
 BOYNTON BEACH, FL 33436**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
**3700 MAX PLACE #208  
 BOYNTON BEACH, FL 33436**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**

Date

**561) 733-3458**

Daytime Phone #

CR2E034 (9/01)