

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90198 030 \*\*\*150.00

**DOCUMENT # P99000100010**

1. Entity Name

**REGENCY BEAUTY SUPPLY, INC.**

Principal Place of Business

**9501 ARLINGTON EXPRESSWAY, SUITE 315  
 JACKSONVILLE FL 32225**

Mailing Address

**C/O YU D. HAN, C.P.A.  
 10916 1A ATLANTIC BLVD  
 JACKSONVILLE FL 32225**

**033321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9501 ARLINGTON EXPRESSWAY**

3. Mailing Address

Suite, Apt. #, etc.

**440**

City & State

**JACKSONVILLE FL**

City & State

4. FEI Number

**59-3608901**

Applied For

Not Applicable

Zip

**32225**

Country

**FL**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAN, YU D  
 10916-1A ATLANTIC BLVD  
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

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

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

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, 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 **PSTD** ☐ Delete  
 NAME **KIM, YOUNG H**  
 STREET ADDRESS **4375 CONFEDERATE POINT RD, APT 20U**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete  
 NAME **KIM, PAN S**  
 STREET ADDRESS **4375 CONFEDERATE POINT RD, APT 11E**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Young H. Kim*

**YOUNG H. KIM**

**3/12/2001 904-721-1779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0810680