

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90074 034 ***150.00

DOCUMENT # P99000108804

1. Entity Name

MODE FASHION INC.

Principal Place of Business

**1553 SALERNO CIRCLE
 WESTON FL 33327**

Mailing Address

**1553 SALERNO CIRCLE
 WESTON FL 33327**

2. Principal Place of Business

18200 N.W. 27 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33055

Dade

Zip

Country

4. FEI Number

65-0969578

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOBAN, CHIE K
 7355 N.W. 41 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

Wol Suk Park

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

1553 Salerno Circle

City

Weston

FL

Zip Code
33327

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Handwritten Signature]

Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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: **PSTD** Delete
 NAME: **PARK, WOL SUK**
 STREET ADDRESS: **1553 SALERNO CIRCLE**
 CITY-ST-ZIP: **WESTON FL 33327**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Delete
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 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: *[Handwritten Signature]*

Wol Suk Park, President (305) 625-7515 3/8/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE