

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

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DOCUMENT # P99000111203

1. Entity Name
KIM'S WIGS AND BEAUTY SUPPLY, INC.

02-27-2002 90058 018 ***150.00

Principal Place of Business
1703 W 45TH STREET
WEST PALM BEACH FL 33407

Mailing Address
1703 W 45TH STREET
WEST PALM BEACH FL 33407



2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0975722** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~CHOI, OK NAM~~
~~1703 W 45TH STREET~~
~~WEST PALM BEACH FL 33407~~

7. Name and Address of New Registered Agent
 Name **Ward, Mun Suk**
 Street Address (P.O. Box Number is Not Acceptable)
681 Whipoorwill Trail
 City **West Palm Beach** FL Zip Code **33411**

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 *Miss Suk Ward* DATE **2-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, OK NAM 1703 W 45TH STREET WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MUN SUK 681 WHIPPOORWILL TRAIL WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mun Suk Ward* DATE **2-15-02** (561) 863-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)