## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 16, 2003 8:00 am Secretary of State

| 1. Entity Nam  | MENT # p99 00  | 00 111 203   | (L)   | 06-16-2003 90140 0   | 14 ***150.00                   |
|--|--|--|---|--|--------------------------------|
| To the .   | DO NOT WRITE   |  |   | 90139874   |                                |
| 2. Principal P   | Place of Business  | 3. Mailing Address 1703 W 45                                     |   |  |                                |
| Suite, Apt.  | <del></del>  | Suite, Apt. #, etc.  | S/AW/   | DO NOT WRITE IN THI  | S SPACE                        |
| City & Stat<br>WEST  | PALM BEACH FL  | 1000-1-1-0   | <del></del>   | 4. FEI Number<br>65 · 0915-722                               | Applied For Not Applicable     |
| Zip<br>3340  | 7 PALM BEACH   | 33407  | Country PALM BEACH  | 5. Certificate of Status Desired                             | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent  Name  WARD, MUN SUK   |  |  |   |  |                                |
| Street Address (P.O. Box Number is Not Acceptable)   |  |  |   |  |                                |
|  | IN THIS SP   | ACE  | City  | DALM REACH : F   | L Zip Code<br>33;411           |
| 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 * Mu Sur Wald Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |   |  |                                |
|  | Signature, typed or printed name of registered agent   | and title if applicable. (NO                                     | TE: Registered Agent signature required   | when reinstating) DATE                                       |                                |
| 9. This corpo  | Signature, typed or printed name of registered agent or<br>pration is eligible to satisfy its Intangible<br>requirement and elects to do so.<br>ria on back)                   | January 1 -<br>After Ma<br>Amend                                 | TE Registered Agent signature required<br>May 1. Fee is \$150.00<br>y 1, Fee is \$550.00<br>ed UBR is \$61.25<br>ble to Department of Sta   | 10. Election Campaign Financing     Trust Fund Contribution. | \$5.00 May Be Added to Fees    |
| 9. This corpo<br>Tax filing r<br>(See criter   | Signature, typed or printed name of registered agent in oration is eligible to satisfy its intangible requirement and elects to do so.  Tria on back)  OFFICERS AND            | January 1 -<br>After Ma<br>Amend<br>Make Check Paya              | May 1 Fee is \$150.00<br>y 1, Fee is \$550.00<br>ed UBR is \$61.25<br>ble to Department of Sta  | 10. Election Campaign Financing     Trust Fund Contribution. |                                |
| 9. This corpo<br>Tax filing r<br>(See criter   | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND  OFFICERS AND  WARP, MUN SUE  681 WHIPPOOR WILL                      | January 1- After May Amende Make Check Paya DIRECTORS            | May 1 Fee is \$150.00<br>y 1, Fee is \$550.00<br>ed UBR is \$61.25  | 10. Election Campaign Financing     Trust Fund Contribution. |                                |
| 9. This corporate filing respectively. Tax filing respectively. The filing respectively. The filing respectively. The filing respectively. Tax fil | Signature, typed or printed name of registered agent in praction is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND  D. P. S.  WARP, MUN SUE | January 1-<br>After Ma<br>Amendi<br>Make Check Paya<br>DIRECTORS | May 1 Fee is \$150.00 y 1 Fee is \$550.00 ed UBR is \$61.25 ble to Department of Sta  Tifle NAME STREET ADDRESS   | 10. Election Campaign Financing     Trust Fund Contribution. |                                |
| 9. This corporate of the corporate of th | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND  OFFICERS AND  WARP, MUN SUE  681 WHIPPOOR WILL                      | January 1- After May Amende Make Check Paya DIRECTORS            | May 1 Fee is \$150.00 11 Fee is \$550.00 ed UBR is \$61.25 ble to Department of Sta  THE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  | 10. Election Campaign Financing     Trust Fund Contribution. | Added to Fees                  |
| 9. This corporate for the street address city-st-zip Title Name Street address city-st-zip   | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND  OFFICERS AND  WARP, MUN SUE  681 WHIPPOOR WILL                      | January 1- After May Amende Make Check Paya DIRECTORS            | May 1 Fee is \$150.00 y 1 Fee is \$550.00 ed UBR is \$61.25 ble to Department of Sta  Tifle NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS   | 10. Election Campaign Financing Trust Fund Contribution.     | Added to Fees                  |
| 9. This corporate in the corporate in th | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND  OFFICERS AND  WARP, MUN SUE  681 WHIPPOOR WILL                      | January 1- After May Amende Make Check Paya DIRECTORS            | May 1 Fee is \$150.00  21 Fee is \$550.00  22 UBR is \$61.25  ble to Department of Sta  Tifle  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS | 10. Election Campaign Financing Trust Fund Contribution.     | Added to Fees                  |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_x Mu

561-863-1272

Attachment

<u>90139874</u> P99000111203

## KIM'S WIGS AND BEAUTY SUPPLY, INC 1703 W-45<sup>TH</sup> STREET WEST PALM BEACH, FL 33407

TEL (561) 863-1272

June 7, 2003

DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

Re: Request for a waiver of penalty Document #: P99000111203

Dear sir or madam,

This is in request for a waiver of late filing penalty on our corporation's 2003 Uniform Business Report ("Report"). Our corporation did not receive the Report for 2003 that caused our corporation in delinquent status. We learned our corporation's delinquent status and the fact that we did not file the report on or before May 1, 2003 a few days ago. We have enclosed \$150.00 (fee for 2003) along with the report.

Please update your record and waive late filing penalty and contact us if you have any questions.

Sincerely,

Mun Suk Ward

President

Enclosure