

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46631

1. Entity Name

N & J VIDEO, INC

Principal Place of Business

Mailing Address

D/B/A A-A BEAUTY SUPPLY
530 E HOWARD ST
LIVE OAK FL 32060

1400 WOODGATE WAY
TALLAHASSEE FL 32312-3227

DBA FRIENDLY FREDDY

2. Principal Place of Business

3. Mailing Address

5801 62ND AVE NORTH

5801 62ND AVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELAS PARK, FL

City & State

PINELAS PARK, FL

Zip

33781

Country

PINELAS

Zip

33781

Country

PINELAS

4. FEI Number

59-3063911

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIM, HAN B.
1400 WOODGATE WAY
TALLAHASSEE FL 32312

Name HAN B. KIM

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

5801 62ND AVE NORTH

City

PINELAS PARK

FL

Zip Code

33781

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

2/5/2000

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	KIM, HYUN SOOK	
STREET ADDRESS	1400 WOODGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIM, HAN B.	
STREET ADDRESS	1400 WOODGATE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAN B. KIM	
STREET ADDRESS	5801 62ND AVE NORTH	
CITY-ST-ZIP	PINELAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90025 045 ***150.00



DO NOT WRITE IN THIS SPACE

2/5/2000 (727)541-1694