2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

S52306 **DOCUMENT #**

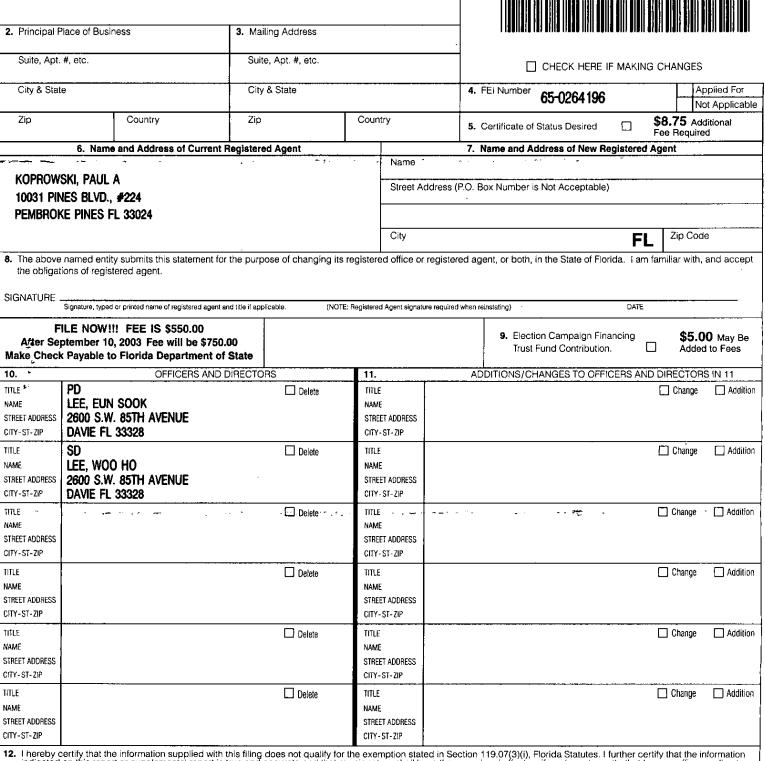
1. Entity Name

EAGLION VILLAGE INC

PASHION VI	LLAGE, INC.				<i>[]</i>		
Principal Place of Business 525 N.W. 27TH STREET MIAMI FL 33127		Mailing Address 525 N.W. 27TH STREET MIAMI FL 33127	525 N.W. 27TH STREET				
2. Principal Place	e of Business	3. Mailing Address					
			<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	
City & State		City & State		4.	FEI Number 65-0264 196		
Zip	Country	Zip	Country		5.	Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New R		
		* 1		Name 1	~ .'	, and a median to we	
KOPROWSKI,			Street Address			(P.O. Box Number is Not Acceptable	
	BLVD., #224 PINES FL 33024				•		
PEMIDRONE P	TINES FL 33024		-	00.			
				City			
	ned entity submits this statem of registered agent.	nent for the purpose of changing it	s registere	d office or regis	tered a	gent, or both, in the State of Flo	
SIGNATURE	ature, typed or printed name of registere						
Signa	ature, typed or printed name of registere	d agent and title if applicable. (NO	TE: Hegistered	Agent signature requ	ired when	reinstating)	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						9. Election Campaign Fin Trust Fund Contribution	
10.				11.		L DDITIONS/CHANGES TO OFF	
TITLE ** PC		☐ Delete	TITLE				
	E, EUN SOOK		NAME	ř.			
STREET ADDRESS 2600 S.W. 85TH AVENUE			STREE	T ADDRESS			

FILED Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90059 026 ***550.00



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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