

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90021 031 ***150.00

DOCUMENT # V45911

1. Entity Name

TOGETHER IMPORTS OF MIAMI, INC.
DBA: JACKSON CLEANER & SHOE REPAIR

Principal Place of Business

Mailing Address

~~6902 SW 88TH ST~~ **901 N.W. 17TH ST #5** ~~6902 SW 88TH ST~~ **SAME**
~~E-404~~ **MIAMI FL 33136** ~~E-404~~
~~MIAMI FL 33156 1546~~
~~US~~

2. Principal Place of Business

3. Mailing Address

901 N.W. 17TH ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

MIAMI FL

Zip

Country

33136

USA

4. FEI Number

65-0342302

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

HYUN, TONY
6902 SW 88TH ST E-404
MIAMI FL 33156

Name

HYUN, TONY

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

6904 S.W. 88TH ST. #F-408

City

MIAMI

FL

Zip Code

33156

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

1/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPS
HYUN, TONY
6902 S.W. 88TH ST., E-404
MIAMI FL

TITLE ☒ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPS
HYUN, TONY
6904 S.W. 88TH ST F-408
MIAMI FL 33156.

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

305) 326-9444

Daytime Phone #