



Secretary of State
Statement of Information
 (California Stock, Agricultural
 Cooperative and Foreign
 Corporations)

SI-550

For Office Use Only

-FILED-

File No.: BA20242155939

Date Filed: 12/5/2024

This form is due within 90 days of initial registration and every year thereafter.

Fees (Filing plus Disclosure) - \$25.00

Certification Fee (Optional) - \$5.00

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name.)

TRAN & YIM DENTAL CORPORATION

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2. 7-Digit Secretary of State Entity Number

6471309

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
486 E CAMPBELL AVE #101	CAMPBELL	CA	95008
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer	First Name	Middle Name	Last Name	Suffix
	Hee Jin		Yim	
Address	486 E Campbell Ave #101		City (no abbreviations)	State Zip Code
			Campbell	CA 95008
b. Secretary	First Name	Middle Name	Last Name	Suffix
	Hee Jin		Yim	
Address	486 E Campbell Ave #101		City (no abbreviations)	State Zip Code
			Campbell	CA 95008
c. Chief Financial Officer	First Name	Middle Name	Last Name	Suffix
	Hee Jin		Yim	
Address	486 E Campbell Ave #101		City (no abbreviations)	State Zip Code
			Campbell	CA 95008

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A.

5. Director(s)

a. First Name	Middle Name	Last Name	Suffix
Hee Jin		Yim	
Address		City (no abbreviations)	State Zip Code
486 E Campbell Ave #101		Campbell	CA 95008
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Hee Jin		Yim	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)	State Zip Code
486 E Campbell Ave #101		Campbell	CA 95008

CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
DENTISTRY

8. Labor Judgment

Does an Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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9. Email Notifications

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.

Yes, I opt-in to receive entity notifications via email. Email Address: [REDACTED]

To change your option after filing, you must submit a new complete Statement of Information.

The information contained herein, including in any attachments, is true and correct.

11/30/2024	Hee Jin Yim	PRESIDENT	
Date	Type or Print Name	Title	Signature