

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90017 046 ***150.00

DOCUMENT # P940000 68796

1. Entity Name

KINGS POINT FISH MARKET, INC.

Principal Place of Business 15067 CARTER ROAD DELRAY BEACH, FL 33446	Mailing Address 15067 CARTER ROAD DELRAY BEACH, FL 33446
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2. Principal Place of Business 15067 CARTER ROAD	3. Mailing Address 15067 CARTER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33446	Country USA

4. FEI Number 65-0525716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

80085254

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name APRIL M MERRY
	Street Address (P.O. Box Number is Not Acceptable) 2326 S CONGRESS AVENUE, #2F
	City WEST PALM BEACH
	FL Zip Code 33406

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 April M Merry **APRIL M MERRY, CPA** **DATE** 4/20/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHUL WOO HYONG		NAME	
STREET ADDRESS 3200 SW 21ST TERR #32 B-1		STREET ADDRESS 7521 DUNCREST ROAD	
CITY - ST - ZIP DELRAY BEACH, FL 33445		CITY - ST - ZIP LAKE WORTH, FL 33467	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Chul W. Hyong **CHUL W. HYONG** **DATE** 4-24-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR