

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30401

1. Entity Name

DAE SUNG, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90041 004 \*\*\*150.00

Principal Place of Business

Mailing Address

4355-57 W. WATERS AVE.  
TAMPA FL 33614

LUCKY 7 FOOD STORE  
4355 W. WATERS AVE  
TAMPA FL 33614-8118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2462698

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

~~PATEL, ASAY K~~ ASAY K  
4747 W. WATERS AVE 3306  
TAMPA FL 33614

Name

Patel, ASAY K

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

4355-57 W. Waters Ave

City

Tampa

FL

Zip Code

33614

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete  
NAME PATEL, ASAY K  
STREET ADDRESS 4747 WEST WATERS AVE. 3306  
CITY-ST-ZIP TAMPA FL 33614

TITLE PD ☒ Change ☐ Addition  
NAME Patel, ASAY K  
STREET ADDRESS 4355-57 W. Waters Ave  
CITY-ST-ZIP Tampa, FL 33614

TITLE VD ☒ Delete  
NAME REHMAT B KASAMALI  
STREET ADDRESS 4711 W. WATERS AVE #502  
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)