

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90107 007 ***150.00

DOCUMENT # K80227

1. Entity Name

BROOKSVILLE FOODS, INC.

842422



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1212 BROAD ST.
 FL 34601

1044 OLD FIELD DR
 BRANDON FL 33511-6252
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2942564

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

KIM, KI, YUNG
 1044 OLD FIELD DR
 BRANDON FL 33511

19003 Dove Creek DR

Tampa

33647

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

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 KIM, KI, YUNG
 STREET ADDRESS 1044 OLD FIELD DR
 CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ Addition
 NAME 19003 Dove Creek Dr
 STREET ADDRESS Tampa FL 33647
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME WON, OK KIM
 STREET ADDRESS 11044 OLD FIELD
 CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ Addition
 NAME 19003 Dove Creek Dr
 STREET ADDRESS Tampa FL 33647
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 813-910-3307
 Date Daytime Phone #

CR2E034 (9/99)