

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011497

1. Entity Name
Q MART USA, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90078 021 ***158.75

Principal Place of Business

**5469 CHAMBERS WAY
JACKSONVILLE FL 32257**

Mailing Address

**5469 CHAMBERS WAY
JACKSONVILLE FL 32257**

2. Principal Place of Business

813 Golfair Blvd

Suite, Apt. #, etc.

3. Mailing Address

7901 BAYMEADOWS CIR E

Suite, Apt. #, etc.

S32

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3622675

Applied For

Not Applicable

Zip

32209

Country

DUVAL

Zip

32256

Country

DUVAL

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIM, YOUNG
5469 CHAMBERS WAY
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

HYUN, KEVIN K

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

7901 BAYMEADOWS CIR E. S32

City

JACKSONVILLE

FL

Zip Code

32256

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 **HYUN KEVIN K. P/T.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
HYUN, KEVIN K.
7901 BAYMEADOWS CIR E. S32
JACKSONVILLE FL 32256**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
HYUN, PATRICIA L.
7901 BAYMEADOWS CIR E S32
JACKSONVILLE FL 32256**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASUROR
HYUN, KEVIN K.
7901 BAYMEADOWS CIR E.
JACKSONVILLE FL 32256**

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

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

P/T

Date

4/19/01

Daytime Phone #

(904) 759-8899

CR2E034 (10/00)