

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90215 027 ***150.00

0037306 AV

DOCUMENT # P00000011497

1. Entity Name
Q MART USA, INC.

Principal Place of Business
**813 GOLFAIR BLVD
 JACKSONVILLE FL 32209**

Mailing Address
**7901 BAYMEADOWS CIRCLE EAST
 532
 JACKSONVILLE FL 32256**



2. Principal Place of Business

3. Mailing Address
4401 EMERSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL

4. FEI Number **59-3622675**

Applied For
 Not Applicable

Zip

Country

Zip
32207

Country

FLORIDA

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

**HYUN, KEVIN K
 7901 BAYMEADOWS CIRCLE EAST
 532
 JACKSONVILLE FL 32256**

Name **YU D. HUN, C.P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
4401 Emerson St
Suite 8
 City **Jacksonville** **FL** Zip Code **32207**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HYUN, KEVIN K 7901 BAYMEADOWS CIRCLE EAST 532 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HYUN, PATRICIA L 7901 BAYMEADOWS CIRCLE EAST 532 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYUN, KEVIN K 7901 BAYMEADOWS CIRCLE EAST JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/28/02

Date

Daytime Phone #

CR2E034 (9/01)