

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060438				Amended FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 SEP 25 PM 2:47 800004614148--9 -09/27/01--01081--008 *****61.25 *****61.25 DO NOT WRITE IN THIS SPACE	
1. Entity Name 5-STAR INTERNATIONAL FOOD CORPORATION, INC					
Principal Place of Business 38 S. Orange Ave. Orlando, FL 32801		Mailing Address 38 S. Orange Ave. Orlando, FL 32801			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3651649	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent UYEMA, SCOTT H 3200 Arden Villas BLVD #13 ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP UYEMA, SCOTT H 3200 Arden Villas Blvd #13 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P/T/D Cha, Kil Soo 3200 Arden Villas Blvd #13 Orlando, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Cha, Geum D 3200 Arden Villas Blvd #13 Orlando, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Cha, Kil Soo** 9/17/01 400608-4553

CR2E034 (11/00)