

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90013 031 ***158.75

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DOCUMENT # P00000060438

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3651049**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

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 **CHA, KIL**

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

38 S. ORANGE AVE

City **ORLANDO**

FL

Zip Code **32801**

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 **KIL S. CHA** **president** **1/4/02**
 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

TITLE **PTD**
 NAME **CHA, KIL SOO**
 STREET ADDRESS **3200 ARDEN VILLAS BLVD #13**
 CITY-ST-ZIP **ORLANDO FL 32817**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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: **KIL SOO CHA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02 (407) 447-7849
 Date Daytime Phone #

CR2E034 (9/01)