

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085407

1. Entity Name  
**6-STAR FOOD CORP.**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90388 003 \*\*\*150.00

Principal Place of Business  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

Mailing Address  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

2. Principal Place of Business

**8475 S. John Young Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address

**8475 S. John Young Pkwy**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-3669503**

Applied For  
Not Applicable

Zip  
**32819**

Country  
**USA**

Zip  
**32819**

Country  
**USA**

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

**UYEMA, SCOTT**  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

Name

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

City

**FL**

Zip Code

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, 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  
**V**  
**CHA, KIL SOO**  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**CHA, HONG IK**  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**UYEMA, SCOTT**  
**3200 ARDEN VILLAS BLVD #13**  
**ORLANDO FL 32817**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

**05/16/2001 321-377-1152**  
Date Daytime Phone #

CR2E034 (10/00)