

2001 UNIFORM BUSINESS REPORT (UBR)

Amended
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 3:12

DOCUMENT # P00000085407			
1. Entity Name 6-STAR FOOD CORP.			
Principal Place of Business 8475 S. John Young Pkwy		Mailing Address ORLANDO, FL. 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Cha, Kil Soo <input type="checkbox"/> Delete STREET ADDRESS 3200 ARDEN VILLAS Blvd #13 CITY-ST-ZIP Orlando, FL. 32817	TITLE NAME Cha, Hong IK <input checked="" type="checkbox"/> Delete STREET ADDRESS 3200 ARDEN VILLAS Blvd #13 CITY-ST-ZIP Orlando, FL. 32817	TITLE NAME P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS Cha, Kil Soo 3200 Arden Villas Blvd #13 Orlando, FL. 32817 800004614288 -09/27/01--01087--002 *****61.25 *****61.25	
TITLE NAME UYEMA, SCOTT <input checked="" type="checkbox"/> Delete STREET ADDRESS 3200 Arden Villas Blvd #13 CITY-ST-ZIP Orlando, FL. 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Cha Kil Soo 9/17/01 401)628-4552			

CR2E034 (11/00)