

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085407

1. Entity Name  
6-STAR FOOD CORP.

Principal Place of Business  
8475 S JOHN YOUNG PKWY  
ORLANDO FL 32819

Mailing Address  
8475 S JOHN YOUNG PKWY  
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

4. FEI Number 59-3669503

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name KIL S. CHA  
Street Address (P.O. Box Number is Not Acceptable)  
8475 S. JOHN YOUNG  
PKWY  
City ORLANDO FL Zip Code 32819

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]

1/6/02  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME CHA, KIL SOO  
STREET ADDRESS 8475 S. JOHN YOUNG PKWY  
CITY-ST-ZIP ORLANDO FL 32819

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

[Signature] KIL S. CHA (pres) 1/6/02 (407) 447-7845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 11, 2002 8:00 am  
Secretary of State

01-11-2002 90027 048 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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