FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90426 044 ***150.00

2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000008686-6

1. Entity Name

KOREAN MARKET, INC.

70054456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
427 S. State RD 7	427 S. State RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hollywood, FL	City & State: Hollywodd, FL
Zip: 33023 Country: Dade	Zip: 33023 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055178 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yim, Heon Kyung

Street Address (P.O. Box Number is Not Acceptable): 427 S. State Rd #7

City: Hollywood FL Zip Code: 33023

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 4/29/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D/P/S	TITLE	
NAME	Yim, Heon Kyung	NAME	
STREET ADDRESS	427 S. State RD #7	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 4/29/03 Daytime Phone #