
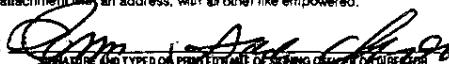


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91437 039 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

00115006

<b>DOCUMENT # P02000083981</b>					
1. Entity Name <b>CHOI'S CHINESE FOOD, INC.</b>					
Principal Place of Business 4269 N.W. 12 STREET LAUDERHILL, FL 33313			Mailing Address 4269 N.W. 12 STREET LAUDERHILL, FL 33313		
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 <b>33-1016225</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHOI, JUM 4269 N.W. 12 STREET LAUDERHILL, FL 33313			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE		
NAME	CHOI, JUM SOO		NAME		
STREET ADDRESS	4269 N.W. 12 STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/29/03 954-316-1923		
Typed or printed name of signing officer or director			Date Daytime Phone #		

CH2E034 (10/02)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **33-1016225**

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
**CHOI'S CHINESE FOOD, INC.**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**4269 N.W. 12 STREET**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
**LAUDERHILL FL 33313**

5b City, state, and ZIP code

6 County and state where principal business is located  
**BROWARD FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►  
**JUM SOO CHOI (589-59-1623)**

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)

☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN)

☐ REMIC ☐ National Guard ☒ Other corporation (specify) ►

☐ State/local government ☐ Farmers' cooperative ☐ Trust

☐ Church or church-controlled organization ☐ Federal government/military

☐ Other nonprofit organization (specify) ► (enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ► ☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ► ☐ Other (specify) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions) **8/2/02**

11 Closing month of accounting year (see instructions) **DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **SEPTEMBER 1, 2002**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **1** Agricultural Household

14 Principal activity (see instructions) ► **CHINESE RESTAURANT**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**(954) 316-1923**

Fax telephone number (include area code)

( )

Name and title (Please type or print clearly.) ► **JUM SOO CHOI, PRES**Signature ► *Jum Soo Choi*Date ► **8/5/02**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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