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

## **DOCUMENT#**

the obligations of registered agent.

P93000083292

1. Entity Name

Q & Q MART, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90272 041 \*\*\*150.00

		200 WE 135				
Principal Place of Business 2526 S MONROE STREET TALLAHASSEE FL 32301	Mailing Address 2526 S MONROE STREET TALLAHASSEE FL 32301					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	City & State		4. FEI Number 59-3213582	Applied For Not Applicable		
Zip Country	Zip	Country.	5. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
		Name	Ú			
RHO, SUNG H 2526 S MONROE STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301						
		City		FL Zip Code		
8. The above named entity submits this statement for	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Floriday	I am familiar with, and accept		

SIGNATURE				
Signature, typed or printed name of registered agent and title it applical	(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution			

\$5.00 May Be inancina

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After	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	Added	to Fees
Make Check	Payable to Florida Department of State			ADDITIONS TO LANGES TO OFFICE	DO AND DIRECTORS	:INI 11
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D "	Delete	TITLE		Change	☐ Addition
NAME	RHO, SUNG H		NAME			Į
STREET ADDRESS	348 MEADOW RIDGE DRIVE		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312	_	CITY-ST-ZIP			
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12. Thereby 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:

Date

Daytime Phone #