

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001464

1. Entity Name

D YOUNG FOOD MART, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90087 009 ***150.00

Principal Place of Business

Mailing Address

5390 10TH AVENUE NORTH
 GREENACRES FL 33463

5390 10TH AVENUE NORTH
 GREENACRES FL 33463-2072

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

65-0712058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWON, YOUNG A
 1473 VIA DEL SOL
 JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

5390 Tenth Ave North

City Lake Worth

FL

Zip Code 33463

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
 NAME KWON, YOUNG A
 STREET ADDRESS 1473 VIA DEL SOL
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV ☒ Delete
 NAME FERNANDEZ A
 STREET ADDRESS 1473 VIA DEL SOL
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 empowered.

SIGNATURE:

Young A. Kwon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 YOUNG A. KWON

24 April 2000

Date

81-439-1175

Daytime Phone #