

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90026 002 ***150.00

DOCUMENT # P97000064979

1. Entity Name

BLUE RIBBON FOOD MARKET, INC.

Principal Place of Business

2759 SYNHOFF DR
JACKSONVILLE FL 32216

Mailing Address

C/O YU D. HAN, C.P.A.
10916-1A ATLANTIC BLVD.
JACKSONVILLE FL 32225

2. Principal Place of Business

203 E 8th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

4. FEI Number 59-3553272

Applied For

Not Applicable

Zip

32206

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAN, YU D C.P.A.
10916-1A ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

Name

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

City

FL

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.

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, 2001 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 PD
NAME LEE, HO S
STREET ADDRESS 2759 SYNHOFF DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE PD
NAME LEE HO S
STREET ADDRESS 7805 BLAKEFORD MILL LANE
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Ho S Lee* LEE, HO S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/2001

904-358-2144

904-923-9519

CR2E034 (10/00)