

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018141

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 014 ***150.00

1. Entity Name
BEST CHOICE FOOD STORE, INC.

Principal Place of Business

Mailing Address

1620 STOCKTON ST
 JACKSONVILLE FL 32210

P.O. BOX 16952
 JACKSONVILLE FL 32245-6952

2. Principal Place of Business

3. Mailing Address

1821-6 Parental Home Rd
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Jacksonville

City & State

4. FEI Number **59-3524720**

Applied For
 Not Applicable

Zip **FL 32216** Country **Dual**

Zip Country

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

~~HU, YOUNG'S~~
~~1620 STOCKTON ST~~
~~JACKSONVILLE FL 32210~~

Name **YOUN S YANG**
 Street Address (P.O. Box Number is Not Acceptable)
1821-6 Parental Home Rd
 City **Jacksonville FL** Zip Code **32216**

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 Youn S Yang, President DATE 4/28/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T, D YANG, YOUN S 1620 STOCKTON ST JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YANG, YOUNG KWAK C 1620 STOCKTON ST JACKSONVILLE FL 32210 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KWAK, SU G 1620 STOCKTON ST JACKSONVILLE FL 32210 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KWAK, KWANG C 1620 STOCKTON ST JACKSONVILLE FL 32210 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D YONG, cha Yang 1821-6 Parental Home Rd JACKSONVILLE, FL 32216

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1821-6 Parental Home Rd JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE Youn S Yang, Pres. DATE 4/28/00 904-381-0389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)