

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91527 022 \*\*\*150.00

**DOCUMENT # P98000018141**

1. Entity Name  
**BEST CHOICE FOOD STORE, INC.**

Principal Place of Business  
**1821-6 PARENTAL HOME RD.  
 JACKSONVILLE FL 32216**

Mailing Address  
**P.O. BOX 16952  
 JACKSONVILLE FL 32245-6952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11620 STOCKTON ST**  
 Suite, Apt. #, etc.  
**JAX FL**  
 City & State  
**JAX FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3524720**

Applied For  
 Not Applicable

Zip **32210** Country **USA**

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

**YANG, YOUN S**  
**1821-6 PARENTAL HOME RD.**  
**JACKSONVILLE FL 32216**

Name

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

**11620 STOCKTON STREET**

City

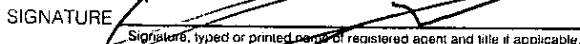
**JAX**

**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   
 Signature, typed or printed name of registered agent and title if applicable.

**Youn S Yang Pres**  
 (NOTE: Registered Agent signature required when reinstating)

**4-20-02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PVTD**  
 STREET ADDRESS **YANG, YOUN S**  
 CITY-ST-ZIP **1821-6 PARENTAL HOME RD.  
 JACKSONVILLE FL 32216**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **YONG, CHA YANG**  
 CITY-ST-ZIP **1821-6 PARENTAL HOME RD.  
 JACKSONVILLE FL 32216**

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 ☐ Delete  
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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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Youn S Yang**

**4-20-02**

Date

Daytime Phone #

**904-387-0399**