## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000032863 LOTTE ORIENTAL MARKET, INC.

Principal Plac	e of Business	Mailing Address							
1425 WEST OAKRIDGE ROAD ORLANDO FL 32809		1425 WEST OAKRIDGE ROA ORLANDO FL 32809-3904	NO						
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. 1725		Suite, Apt. #, etc.	Suite, Apt. #, etc. 1.725 W. Oakridge Road		DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State	1 ·		FEI Number FO-3	505291	Ar	oplied For	
Orlando FL		Orlando						ot Applicable	
Zig 32809 Country Orange		<sup>Zip</sup> 32809	Zip 32809 Country Orange		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
·	_ 6. Name and Address of Curr	ent Registered Agent		. 7. I	Name and Address	of New Registered	Agent		
****	<b>.</b>		Name						
	G, JUN LOAK HAVEN		Street Address (P.			P.O. Box Number is Not Acceptable)			
APT	# 201		3066 E		et Loop				
UKL	ANDO FL 32839-3187		City Orlar		· ·	F	L Zip Cod	<sup>e</sup> 32839	
8. The above	named entity submits this stateme	nt for the purpose of changing its	registered office o	r registered ag	ent, or both, in the SI	ate of Florida.			
		100				4/2	9/-		
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	Registered Agent signat	ure required when re	einstating)	DATE	7/00		
			!! FEE IS \$150.		10. Election Cam			0 May Be	
_	requirement and elects to do so. ria on back)		After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Stat		Trust Fund Co	ontribution.	☐ Added	d to Fees	
11.	OFFICERS A	AND DIRECTORS	12.	AC	DDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE	DPS	☐ Delete	TITLE		<u> </u>		K Change	☐ Addition	
NAME	KANG, JUN		NAME STREET ADDRESS	3066	Fadlet Lo	on			
STREET ADDRESS CITY-ST-ZIP	4651 OAK HAVEN # 201 ORLANDO FL 32839		CITY-ST-ZIP	3066 Eaglet Loop Orlando FL 32839					
TITLE	DVP	Delete	TITLE					Addition	
NAME	KANG, SOOK		NAME						
STREET ADDRESS	4651 OAK HAVEN # 201	STREET ADDRESS	3066 Eaglet Loop						
CITY-ST-ZIP	ORLANDO FL 32839	<u> </u>	CITY-ST-ZIP	Orland	do FL	<u> 32839</u>	- [ ] Change	Addition	
NAME		- Delete	TITLE NAME				- ' Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	□ Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE				Change	Addition	
NAME		L Delote	NAME				_ •		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>				
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS	1		STREET ADDRESS	ľ					

**FILED** May 24, 2000 8:00 am Secretary of State 05-24-2000 90038 041 \*\*\*150.00

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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #