2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am § Secretary of State DOCUMENT # P98000061149 1. Entity Name 05-24-2002 91289 017 ***150.00 PARK AVENUE MARKET, INC. Principal Place of Business Mailing Address 1201 SOUTH PARK AVENUE 113 SOUTH MACDILL AVENUE SANFORD FL 32771-2853 #R **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3523734 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OH. SUNG SOO Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTH PARK AVENUE SANFORD FL 32771-2853 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition NAME OH, SUNG SOO NAME STREET ADDRESS 1201 SOUTH PARK AVENUE STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771-2853 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KIM, SEUNG H NAME KIM SEUNG HEE STREET ADDRESS 1201 SOUTH PARK AVENUE STREET ADDRESS TRAIL 5808 OAK LAKE CITY-ST-ZIP SANFORD FL 32771-2853 CITY-ST-ZIP 32765 OVIEDO TITLE Delete TITLE ☐ Change Addition NAME KIM, GUN NAME STREET ADDRESS 1201 SOUTH PARK AVENUE STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771-2853 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR