

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006813

1. Entity Name

D.J.'S FOOD STORE, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90026 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1560 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

1560 HENDRICKS AVENUE  
JACKSONVILLE FL 32207-3108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3556066

Applied For

Not Applicable

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

KWON, JONG SOO  
1560 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Delete  
NAME KWON, CHEOL WOO  
STREET ADDRESS 1560 HENDRICKS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE VPSD ☐ Delete  
NAME KWON, JONG SON  
STREET ADDRESS 1560 HENDRICKS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Kwon, Jong Soo  
CITY-ST-ZIP 1560 Hendricks Ave.  
JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jong Soo Kwon, President* 3/1/00 904) 393-7983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P99000006813

880758

HONORABLE ERNIE MASTROIANNI  
DUVAL COUNTY PROPERTY APPRAISER  
231 E. FORSYTH ST RM 270  
JACKSONVILLE, FL 32202-3373

2000

Tangible Personal Property Tax Return  
Confidential §§193.074 F.S.  
As Required by §§193.052 & 193.062 F.S. Return to  
County Property Appraiser By April 1 to Avoid Penalties  
DUVAL  
State of Florida, County of

KWON, JONG S  
DBA D J FOOD STORE  
1560 HENDRICKS AV  
JACKSONVILLE FL 32207-3108

Business Name (DBA - Doing Business As) and  
Mailing Address

TPP NO. 885674 0000 USD1 1214  
LOC ADDR: 1560 HENDRICKS AV  
APPR AREA: 3-00-0-000-00

Federal Employer Iden. No

59-3556066

Social Security Number

000-00-0000

SIC

0000

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name Jong S. Kwon Telephone 904 593-7983

Corporate Name DJ Food Store, Inc.

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

1560 Hendricks Ave.

3. Is your business or farm located within the incorporated limits of a City? Yes ☒ No ☐

What City? Jacksonville

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ☐ No ☒

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or

Other Current Tax Return.

5. Date you began business in this county: 1/1/99 Fiscal year: 12/31

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes ☐ No ☐

6. Describe Type or Nature of Your Business: Convenience Store

7. Trade Level (Check as many as apply) Retail ☒ Wholesale ☐ Manufacturing ☐

Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐

8. Did you file a Tangible Personal Property Return in this county last Year? Yes ☐ No ☒

If so, under what name and where?

9. Former owner of the Business:

9a. If Business sold, to whom?

Date Sold

PERSONAL PROPERTY SUMMARY

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

TAXPAYER'S ESTIMATE  
OF FAIR MARKET  
VALUE

ORIGINAL  
INSTALLED  
COST

APPRAISER'S  
USE ONLY

- 10. Office Furniture & Office Machines & Library
- 11. EDP Equipment, Computers, Word Processors
- 12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.
- 13. Machinery and Manufacturing Equipment
- 14. Farm, Grove, and Dairy Equipment
- 15. Professional, Medical, Dental & Laboratory Equipment
- 16. Hotel, Motel, & Apartment Complex
- 16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances
- 17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)
- 18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools
- 19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.
- 20. Leasehold improvements must be grouped by type, year of installation and description
- 21. Pollution Control Equipment
- 22. Equipment owned by you but rented, leased or held by others
- Supplies - Not Held for Resale
- Other - Please Specify

10,600

10,600

TOTAL PERSONAL PROPERTY

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

3/7/00 TITLE President

(TAXPAYER)

(PREPARER)

PREPARER'S I.D. #

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND  
( ) TOTAL DISABILITY ( ) OTHER

TAXABLE VALUE

DEPUTY

PENALTY

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1, UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.