

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 034 ***150.00

DOCUMENT # S33882

1. Entity Name
ASIAN-AMERICAN FOOD MART, INC.

Principal Place of Business

700 NE 2ND AVE
 MIAMI FL 33132

Mailing Address

700 NE 2ND AVE
 MIAMI FL 33132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0248937**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KIM, SUSIE
700 NE 2ND AVE
MIAMI FL 33132

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **KIM, SUSIE**
 STREET ADDRESS **700 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **KIM, HYU J**
 STREET ADDRESS **700 NE 2ND AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date **July 2-02**

Daytime Phone #

CR2E034 (4/02)

Attachment
DH#333882
BD127466

To Whom it May Concern -

Dear Sir / Madam.

Hi How are you?

My Name is (HYOCHUN ^(WIFE) SUSIE KIM) at
Asian American Food Mart, Inc -

I received today this form [Florida
Dept. of State Division of Corporations
Year 2002 Uniform Business Report]

We are never been happened before

and never been late, you have ^{my} ~~after~~
Record I think. so my wife called

soon as we received this report.

My wife asked Mrs. Tierney

please reconsider this letter

I'm asking you a help please. I hope you
understand my situation I thank you
in advance. Hoping for your kind

consideration. Respectfully yours.

Thank you so much for
your time -

Hyochun Kim