

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90009 016 ***550.00

DOCUMENT # P00000098419

1. Entity Name
THOA'S FOODS, ETC., INC.

Principal Place of Business
440 GIRALDA AVE
CORAL GABLES FL 33134

Mailing Address
440 GIRALDA AVE
CORAL GABLES FL 33134

C0076984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~440 Giralda Ave.~~

3. Mailing Address

~~440 Giralda Ave.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Coral Gables, FL~~

City & State

~~Coral Gables, FL~~

4. FEI Number

~~65-1060117~~

Applied For

Not Applicable

Zip

~~33134~~

Country

~~US~~

Zip

~~33134~~

Country

~~US~~

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINK, BRIAN L
169 E FLAGLER STREET STE 1700
MIAMI FL 33131

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.

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 12, 2001 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: **PSTD** Delete
 NAME: **FINK, THOA**
 STREET ADDRESS: **440 GIRALDA AVE**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE: Delete
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 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:

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 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:

SIGNATURE REQUIRED **THOA FINK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

Date

305 219-0643

Daytime Phone #

CR2E034 (5/01)