

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655189

1. Entity Name

YUMMY FOODS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90101 007 ***150.00

00011444



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10935 N.W. 27TH AVENUE MIAMI FL 33167-3409		Mailing Address 10935 N.W. 27TH AVENUE MIAMI FL 33167-3409	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2029595	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHEN-SEM, DORNEL
20028 N.W. 64TH PLACE
HIALEAH FL 33015

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN-SEM, DORNEL 20028 N.W. 64 PLACE HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMMED, TELECKIES 5780 NW 191 TERRACE MIAMI FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHEN-SEM, ALFRED 20028 NE 64 PLACE HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN-SEM, NIKI P. 20028 NW 64 PLACE HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Dornel Chen-SEM 1-20-2000 365681848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #