

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 655189**

1. Entity Name

YUMMY FOODS, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-2029595

Applied For

Not Applicable

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

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, 2001 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	PD	☐ Delete
NAME	CHEN-SEM, DORNEL	
STREET ADDRESS	20028 N.W. 64 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	☐ Delete
NAME	MOHAMMED, TELECKIES	
STREET ADDRESS	5780 NW 191 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	☐ Delete
NAME	CHEN-SEM, ALFRED	
STREET ADDRESS	20028 NE 64 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	☐ Delete
NAME	CHEN-SEM, NIKI P.	
STREET ADDRESS	20028 NW 64 PLACE	
CITY-ST-ZIP	HIALEAH FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Dornel Chen-Sem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.01

Date

305 681 8437

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90487 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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