

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90061 029 \*\*\*150.00

**90023322**



☐ CHECK HERE IF MAKING CHANGES

|                                                                                      |         |                                                                                   |         |
|--------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 655189</b>                                                             |         |  |         |
| 1. Entity Name<br><b>YUMMY FOODS, INC.</b>                                           |         |                                                                                   |         |
| Principal Place of Business<br><b>10935 N.W. 27TH AVENUE<br/>MIAMI FL 33167-3409</b> |         | Mailing Address<br><b>10935 N.W. 27TH AVENUE<br/>MIAMI FL 33167-3409</b>          |         |
| 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<br><b>59-2029595</b>                                                              | Applied For<br><input type="checkbox"/>    |
|                                                                                                 | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                            |

|                                                                                    |  |                                                                                       |  |
|------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent                                           |  |
| <b>CHEN-SEM, DORNEL</b><br><b>20028 N.W. 64TH PLACE</b><br><b>HIALEAH FL 33015</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

|                                                |                                                                                         |                                                       |                                                                                                  |
|------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>CHEN-SEM, DORNEL</b><br><b>20028 N.W. 64 PLACE</b><br><b>HIALEAH FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T/D</b><br><b>NIKI PAUL CHEN-SEM</b><br><b>1911 Cedar Ct.</b><br><b>Weston, Florida 33327</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MOHAMMED, TELECKIES</b><br><b>5780 NW 191 TERRACE</b><br><b>MIAMI FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>M</b><br><b>CHEN-SEM, ALFRED</b><br><b>20028 NE 64 PLACE</b><br><b>HIALEAH FL</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CHEN-SEM, NIKI P.</b><br><b>20028 NW 64 PLACE</b><br><b>HIALEAH FL</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *CHEN-SEM* **SIGNATURE REQUIRED CHEN-SEM** **2-10-03** **305 681 8437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)