

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # J62143**1. Entity Name
MOMEX FOODS, INC.

Principal Place of Business

RT 13 BOX D22

LAKE CITY
32055

FL

Mailing Address

1524 COMMERCE BLVD

LAKE CITY
32025

US

FL

2. Principal Place of Business
1524 COMMERCE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE CITY

FL

City & State

4. FEI Number

59-2785835

Applied For

Not Applicable

Zip
32025

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSES, MICHAEL C.
1524 COMMERCE BLVDLAKE CITY
32025

FL

7. Name and Address of New Registered Agent

Name

MOSES MICHAEL C

Street Address (P.O. Box Number is Not Acceptable)
1524 COMMERCE BLVDCity
LAKE CITY

FL

Zip Code
32025

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 **MIKE MOSES**

01/19/2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MOSES, CATHY
1524 COMMERCE BLVD
LAKE CITY FL 32025 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOSES, MICHAEL C.
1524 COMMERCE BLVD
LAKE CITY FL 32025 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MOSES CATHY
1524 COMMERCE BLVD
LAKE CITY FL 32025 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOSES MICHAEL C
1524 COMMERCE BLVD
LAKE CITY FL 32025 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: **Mike Moses**

Pres

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)