

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90007 050 *****70.00

DOCUMENT # *NO2 00000052*

1. Entity Name

Ming Deh Development Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6916 18th Ave E

Suite, Apt. #, etc.

Bradenton FL

City & State

34208

USA

Zip

Country

3. Mailing Address

6916 18th Ave E

Suite, Apt. #, etc.

Bradenton FL

City & State

34208

USA

Zip

Country

44049401

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4360999

95-4360999

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Johnny Mohr*

Street Address (P.O. Box Number is Not Acceptable)

6916 18th Ave E

Bradenton FL

34208

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*PCEO
Johnny T. Mohr
6916 18th Ave E
Bradenton FL 34208*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*V
Lam, Cynthia
6916 18th Ave E
Bradenton FL 34208*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*CFO
Selina P Mohr
6916 18th Ave E
Bradenton FL 34208*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

Selina Mohr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)