## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 13, 2002 8:00 am Secretary of State P00000027929 DOCUMENT # 1. Entity Name 05-13-2002 90199 048 \*\*\*150.00 THE MUSTARD SEED USA, INC. Principal Place of Business Mailing Address 1440 CORAL RIDGE DRIVE 1440 CORAL RIDGE DRIVE #331 #331 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Pace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGOVINO, ANTHONY E Street Address (P.O. Box Number is Not Acceptable) 1440 CORAL RÍDGE DRIVE #331 **CORAL SPRINGS FL 33071** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ARANGO, YOLANDA NAME NAME STREET ADDRESS 1440 CORAL RIDGE DRIVE #331 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE ← Change Addition NAME AGOVINO, ANTHONY NAME STREET ADDRESS 1440 CORAL RIDGE DRIVE #331 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE CE0 ☐ Delete TITLE ☐ Change ☐ Addition NAME ARANGO, YOLANDA NAME STREET ADDRESS 1440 CORAL RIDGE DRIVE #331 STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

RE AND TYPED OR

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.