2000-UNIFORM BUSINESS REPORT (UBR)

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Entity Name TMD Food Strore Inc							į	02 MAR 27 AM II: 23				
Principal Place 285 Lorain			Mailing A	ddress	 Ant 22			0.		 1		
Altamonte	·			nte Sprin	•							
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Suite, Apt.	.#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number Applied For					
Zip	· · · · · · · · · · · · · · · · · ·	Country	Zip		Co	untry	59-3709838 5. Certificate of Sta	tus Desired	\$8.75		t Applicable ditional	
	6. Name a	and Address of Current	Registered A	gent	l	<u></u>	7. Name and Addres		Fee Re stered Aç	·		
/AN, DIAN	IΔ				_	Name			•			
285 LORIA	NE DR.,	. APT. 228 INGS FL 32714				Street Address	(P.O. Box Number is N	ot Acceptable)				
						City				Zip Co	de	
									FL			
(1 €-	named en	tity submits this stateme	nt for the purp	ose of chan	ging its	registered office	or registered agent, or	both, in the Sta	te of Flori	da.		
IGNATURE	Signature,	typed or printed name of reg	gistered agent an	nd title if applic	able.	(NOTE: Register	ed Agent signature require	when reinstating)	Dat	te	
		igible to satisfy its Intan-	100000000000000000000000000000000000000	FILE NOVA	MEEE	IS \$150.00 }	10. Election Ca	mpaign Financi	ng	\$5	00.	
		ement and elects to do s	(00000000000000000000000000000000000000			wiil be \$550,00	\$2000000000	Contribution.	May	Be Add	led to Fees	
(See criter	ia on back)		Make C	heck Payal		epartment of S	\$2000000000					
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