

2002

## 2000-UNIFORM BUSINESS REPORT (UBR)

ATX1

## DOCUMENT #

P01000036547

## 1. Entity Name

TMD Food Store Inc

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 27 AM 11:23

Principal Place of Business  
285 Loraine Dr Apt 228Mailing Address  
285 Loraine Dr Apt 228Altamonte Springs, FL  
32714Altamonte Springs, FL  
32714

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

## 4. FEI Number

59-3709838

Applied For

Not Applicable

Zip

Country

Zip

Country

## 5. Certificate of Status Desired

\$8.75

Additional

Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

VAN, DIANA  
285 LORIANE DR., APT. 228  
ALTAMONTE SPRINGS FL 32714

## Name

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

City

FL

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.

## SIGNATURE

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 Intan-  
gible Tax filing requirement and elects to do so.  
(See criteria on back)\* FILE NOW!!! FEE IS \$150.00 \*  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00

May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME VAN, DIANA  
STREET ADDRESS 285 LORIANE DR., APT. 228  
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
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CITY - ST - ZIP

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CITY - ST - ZIP

Change Addition

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CITY - ST - ZIP

Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bala

3/19/02

(66) 1-800-352-2222  
300005253513-2  
-04/11/02--01042--088  
\*\*\*\$150.00\*\*\*