FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

## Jul 25, 2001 8:00 am P95000037075 **DOCUMENT # Secretary of State** 1. Entity Name TO BAN ORIENTAL FOODS, INC. 02-06-2001 90325 024 \*\*\*150.00 Mailing Address Principal Place of Business (LA P. O. BOX 2896 240 S. BRIDGE ST $\mathbf{U} \in \mathcal{U} \cup \mathcal{U}$ LABELLE FL 33975 LABELLE FL 33975 2. Principal Place of Business 3. Mailing Address 3511 3511 FOWLER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For 4. FEI Number City & State 65-0588154 FORT FORT 1YER S Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 901 LEG Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KINNER SKINNER, VICTOR A 5484 HARBOUR CASTLE DR FORT MYERS FL 33907 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE SKINNER, VICTOR A NAME NAME 5484 HARBOUR CASTLE DR STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SKINNER, HYE SUK NAME NAME 5484 HARBOUR CASTLE DR STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Suttachment North P95000037075

VICTOR ALLEN SKINNER, D.D.S. 803-675-0270 340 S. BRIDGE STREET			A0020827 370	
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