

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000052175

1. Entity Name

Mom's Cooking Place, Inc.

Principal Place of Business

Mailing Address

2124 Tyler Street
Hollywood, Florida 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Harold Loewy
2124 Tyler Street
Hollywood, Florida 33020

Name **Ana Catana**
Street Address (P.O. Box Number is Not Acceptable)
2124 Tyler Street
City **Hollywood** **FL** Zip Code **33020**

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 **6-27-00**

9. This corporation is eligible to satisfy its Intangible 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **Director** ☒ Delete
NAME **Harold Loewy**
STREET ADDRESS **4152 Inverrary Drive**
CITY-ST-ZIP **Lauderhill, Florida 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ana Catana** ☒ Change ☒ Addition
NAME **4152 Inverrary Drive**
STREET ADDRESS **Lauderhill, Florida 33309**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

KE

Amended: # 6/1/25
1062

FILED

00 JUL 10 PM 12:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)

2d2

**LAW OFFICES
OF
JOHN RAMOS**

JOHN RAMOS
Counselor at Law

2131 Hollywood Blvd., Suite 205
Hollywood, Florida 33020
(954) 920-8282

June 16, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: MOM'S COOKING PLACE, INC.
Document No.: P95000052175

Dear Department:

700003295297--3
-06/19/00--01078--005
*****70.00 *****70.00

Enclosed with this letter please find:


1. Statement of Change of Registered Office or Registered Agent or Both for Corporations.
2. Officer/Director Resignation and Change of Directors.
3. Trust Account Draft payable to STATE OF FLORIDA.

Please file the same for record.

Thank you for your attention to the above. If you have any questions, please feel free to contact the undersigned.

Very truly yours,

LAW OFFICES OF JOHN RAMOS



JOHN RAMOS

JR/fhs