2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000096783 Jan 31, 2000 8:00 am **Secretary of State** TRANSAMERICA FOOD ENTERPRISES, INC. 01-31-2000 90098 042 ***150.00 Mailing Address Principal Place of Business 11077 N.W. 36TH AVE. 400 NE 67TH ST MIAMI FL 33167-3711 BAY C MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0651675 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name Stanley F.4. Yu FRANTZ, JEFFREY W ESQ Street Address (P.O. Box Number is Not Acceptable) 12550 BISCAYNE BLVD., SUITE 406 NORTH MIAMI FL 33181 8538 Glencains CANG Zip Code 33016 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition DP TITLE ☐ Delete P. Standey F.Y. Yu YU. STANLEY F NAME NAME P5-38 Glen CARIO TC 33016 Minny Caker FC 33016 STREET ADDRESS STREET ADDRESS 11077 N.W. 36TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167 ☐ Delete TITLE TITLE NAME KAN YEG NAME YEE, KAN STREET ADDRESS 60 to N.W. 62 CT. parklined TC. 33067 11077 N.W. 36TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAM! FL 33167 Delete WINNIC YM TITLE TITLE NAME YU. WINNIE NAME 9538 Colencaions Conte STREET ADDRESS 11077 N.W. 36TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33167** ☐ Change Addition TITLE ☐ Delete TITI F 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-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JAN 20. 2m SIGNATURE: