FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 26, 2001 8:00 am DOCUMENT # P95000096783 **Secretary of State** 1. Entity Name TRANSAMERICA FOOD ENTERPRISES, INC. 01-26-2001 90084 021 ***150.00 Principal Place of Business Mailing Address 400 NE 67TH ST 11077 N.W. 36TH AVE. BAY C MIAMI FL 33167 **ՐՈՈՈՋ 200** MIAMI FL 33138 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0651675 Not Applicable Zip Country Country Zip \$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 FYYU, STANLEY Street Address (P.O. Box Number is Not Acceptable) 8538 GLENCAIAN LANE MIAMI LAKE FL 33076 Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. Change Addition ☐ Delete TITLE TITLE YU, STANLEY F NAME NAME STREET ADDRESS STREET ADDRESS 8538 GLENCAIAN LANE 8538 Glencairn Lane CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 <u> Miami Lakes, FL 33016</u> ☐ Change Addition ☐ Delete TITLE TITLE YEE, KAN NAME NAME STREET ADDRESS STREET ADDRESS 6030 N.W. 62 CT. CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33067 X Change ☐ Addition TITLE Delete TITLE YU, WINNIE NAME NAME STREET ADDRESS 8538 Glencairn Lane 8538 GLENCAIAN LANE STREET ADDRESS CITY-ST-ZIP Miami Lakes, FL 33016 CITY-ST-ZIP MIAMI LAKE FL 33016 ☐ Delete ☐ Addition Change TITLE TITLE NAME 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Stanley Yu IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 01 (305) 688-2228

Daytime Phone #

Change

☐ Change

☐ Addition

[Addition