

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000046905**

1. Entity Name

MOH'S FOOD COMPANY, INC.**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90019 014 ***150.00

Principal Place of Business

12801 W SUNRISE BLVD
#837
SUNRISE FL 33323
US

Mailing Address

16384 N.W. 21ST ST.
PEMBROKE PINES FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3989 SW 141 AVE

DAVIE FL

33330

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675437

Applied For
Not Applicable5. 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

MOH, SALLY
16384 N.W. 21ST ST.
PEMBROKE PINES FL 33028

Name

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

3989 SW 141 AVE

City

DAVIE

FL

Zip Code

33330

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 Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 P ☐ Delete
NAME WILLIAM MOH
STREET ADDRESS 16384 N.W. 21ST.
CITY-ST-ZIP PEMBROKE PINE FL 33028TITLE PD ☒ Change ☐ Addition
NAME MOH, WILLIAM
STREET ADDRESS 3989 SW 141 AVE
CITY-ST-ZIP DAVIE, FL 33330TITLE VPST ☐ Delete
NAME MOH, SALLY
STREET ADDRESS 16384 N.W. 21ST ST.
CITY-ST-ZIP PEMBROKE PINES FL 33028TITLE STD ☒ Change ☐ Addition
NAME MOH, SALLY
STREET ADDRESS 3989 SW 141 AVE
CITY-ST-ZIP DAVIE, FL 33330TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

SALLY MOH x 4/10/01 x 954-472-2008

CR2E034 (10/00)