

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016881

1. Entity Name  
TEK FOODS, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
03-19-2001 90456 050 \*\*\*150.00

Principal Place of Business  
2829 SUN LAKE LOOP  
#203  
LAKE MARY FL 32746

Mailing Address  
2829 SUN LAKE LOOP  
#203  
LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
213 HERON ST  
Suite, Apt. #, etc.

3. Mailing Address  
213 HERON ST.  
Suite, Apt. #, etc.

City & State  
ALTAMONTE SPRINGS FL

City & State  
ALTAMONTE SPRINGS FL

Zip  
32701

Country  
USA

4. FEI Number 59-3497628

Applied For  
Not Applicable

5. 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

AHN, PAULA  
2829 SUN LAKE LOOP  
LAKE MARY FL 32746

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. 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 PD  
NAME AHN, PAULA  
STREET ADDRESS 2829 SUNLAKE LOOP #203  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE  
NAME  
STREET ADDRESS 213 HERON ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE M  
NAME AHN, TIMOTHY H  
STREET ADDRESS 2829 SUN LAKE LOOP, #203  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE  
NAME  
STREET ADDRESS 213 HERON ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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: Paula Ahn PAULA AHN 3-16-01 407 334-8877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)