

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039417

1. Entity Name
MOH'S FOOD OF DOLPHIN MALL, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90071 033 ***150.00

Principal Place of Business

16384 NW 21 STREET
PEMBROKE PINES FL 33028

Mailing Address

16384 NW 21 STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business

11401 NW 12 ST.
Suite, Apt. #, etc.

3. Mailing Address

3989 SW 141 AVE
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

DAVIE FL

4. FEI Number

65-0929179

Applied For

Not Applicable

Zip

33172

Country

MIAMI-DADE

Zip

33330

Country

BROWARD

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

MOH, SALLY
16384 NW 21 STREET
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

x 4/10/01

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	P	<input type="checkbox"/> Delete
NAME	MOH, SALLY	
STREET ADDRESS	16384 NW 21ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOH, WILLIAM	
STREET ADDRESS	16384 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOH, MICHAEL	
STREET ADDRESS	8352 TRENT COURT APT B	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOH, GEORGE	
STREET ADDRESS	16384 NW 21 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOH, SALLY	
STREET ADDRESS	3989 SW 141 AVE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOH, WILLIAM	
STREET ADDRESS	3989 SW 141 AVE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOH, MICHAEL	
STREET ADDRESS	540 NW 4 AVE #208	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOH, GEORGE	
STREET ADDRESS	3989 SW 141 AVE	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SALLY MOH x 4/10/01

Date

Daytime Phone #

x (954) 472-2008

CR2E034 (10/00)