

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90096 032 ***150.00

DOCUMENT # P99000039417

1. Entity Name

MOH'S FOOD OF DOLPHIN MALL, INC.

Principal Place of Business

**11401 NW 12TH ST
MIAMI FL 33172**

Mailing Address

**3989 SW 141ST AVE
DAVIE FL 33330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0929179**

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

**MOH, SALLY
3989 SW 141 AVE
DAVIE FL 33330**

Name

Moh, Michael

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

Michael Moh

04/10/02

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, 2002 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** ☒ Delete
NAME **MOH, SALLY**
STREET ADDRESS **3989 SW 141 AVE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **PD** ☒ Change ☐ Addition
NAME **MOH, MICHAEL**
STREET ADDRESS **3989 SW 141 AVE**
CITY-ST-ZIP **DAVIE, FL 33330**

TITLE **DVP** ☒ Delete
NAME **MOH, WILLIAM**
STREET ADDRESS **3989 SW 141 AVE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP PD** ☐ Delete
NAME **MOH, MICHAEL**
STREET ADDRESS **540 NW 4TH AVE #208**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **MOH, GEORGE**
STREET ADDRESS **3989 SW 141ST AVE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Michael Moh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Moh

4/10/02

**(954)
565-9500**

CR2E034 (9/01)

632819



DO NOT WRITE IN THIS SPACE