

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90003 006 ***550.00

DOCUMENT # P99000042874

1. Entity Name

MOBY DICK FOOD SERVICES, INC.

Principal Place of Business

**5739 SW 42ND ST
MIAMI FL 33155**

Mailing Address

**5739 SW 42ND ST
MIAMI FL 33155**

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

65-0918578

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

Name

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

City

FL

Zip Code

**MOHR, LORI L
200 SOUTH BISCAYNE BLVD, SUITE 3410
MIAMI FL 33131**

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SOLTANI, MEHRAN**
STREET ADDRESS **5739 SW 42ND ST**
CITY-ST-ZIP **MIAMI FL 33155**TITLE **D** ☒ Delete
NAME **SADEGHI, ABBAS**
STREET ADDRESS **4455 NAUTILUS DR**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Kathryn M. Munin**
STREET ADDRESS **2430 SW 4 Street**
CITY-ST-ZIP **Miami FL 33135-2908**TITLE **V. President** ☒ Change ☐ Addition
NAME **Mehran Soltani**
STREET ADDRESS **5739 SW 42nd St**
CITY-ST-ZIP **Miami, FL 33155**TITLE **Secretary** ☐ Change ☒ Addition
NAME **Kathryn M. Munin**
STREET ADDRESS **2430 SW 4 Street**
CITY-ST-ZIP **Miami FL 33135-2908**TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Mehran Soltani**
STREET ADDRESS **5739 SW 42nd St**
CITY-ST-ZIP **Miami, FL 33155**TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/3/01 305-666-9255**

Date

Daytime Phone #