

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000058834

1. Entity Name

EXPRESS MEALS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-27-2000 90090 024 ***150.00

Principal Place of Business

Mailing Address

293 LIVE OAK LN.
WINTER HAVEN FL 33880-1127

293 LIVE OAK LN.
WINTER HAVEN FL 33880-1127

2. Principal Place of Business

815 Eagle Ridge DR.

3. Mailing Address

Suite, Apt. #, etc.

Eagle Ridge Mall

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

Zip

33853

Country

Polk

Zip

Country

4. FEI Number

59-3582242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LE, SI PHU
293 LIVE OAK LN.
WINTER HAVEN FL 33880-1127

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent

(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, 2000 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

TITLE PT ☐ Delete
NAME DO NGUYEN, QUYNH HOA
STREET ADDRESS 293 LIVE OAK LN.
CITY-ST-ZIP WINTER HAVEN FL 33880-1127

TITLE VS ☐ Delete
NAME LE, SI PHU
STREET ADDRESS 293 LIVE OAK LN.
CITY-ST-ZIP WINTER HAVEN FL 33880-1127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME NGUYEN, QUYNH-HOA D.
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (863) 299-0311
Date Daytime Phone #

CR2E034 (9/99)