

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90099 048 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000075765 ✓
1. Entity Name FOOD STAMP INT'L INC

Principal Place of Business 21407 NW 39TH AVE
 MIAMI FL 33055

Mailing Address 21407 NW 39TH AVE
 MIAMI FL 33055

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 65-0946864 **Applied For** ☐ **Not Applicable** ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent FRANK WONG
 999 Brickell Ave Ste 700
 MIAMI FL 33131

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 _____ (NOTE: Register to Agent signature required when certifying) **DATE** _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ **See criteria on back)**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PV NAME CHANG CHIH - HUA STREET ADDRESS 999 Brickell Ave, Ste 700 CITY - ST - ZIP MIAMI FL 33131	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
CITY - ST - ZIP	☐ Delete	CITY - ST - ZIP	☐ Change ☐ Addition
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STREET ADDRESS	☐ Delete	STREET ADDRESS	☐ Change ☐ Addition
CITY - ST - ZIP	☐ Delete	CITY - ST - ZIP	☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: 31/03/00 Chih Hua Chang 31/03/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**