

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90059 045 ***150.00

DOCUMENT # P99000094437

1. Entity Name
TMC FOODS, INC.

Principal Place of Business
8397 PINES BOULEVARD
PEMBROKE PINES FL 33024

Mailing Address
8397 PINES BOULEVARD
PEMBROKE PINES FL 33024

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 **65-0957277**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEUNG, MUI C
1255 SW 101 TERRACE
SUITE #10-307
PEMBROKE PINES FL 33025

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: 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	<input type="checkbox"/> Delete
NAME	WONG, SIU K	
STREET ADDRESS	1255 SW 101 TERRACE #10-307	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YEUNG, MUI C	
STREET ADDRESS	1255 SW 101 TERRACE #10-307	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	YEUNG, CHI W	
STREET ADDRESS	17170 NE 1 AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YEUNG, CHI W	
STREET ADDRESS	17170 NE 1 AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date: 2/15/02 Daytime Phone #: (954) 441-1888

CR2E034 (9/01)