

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90556 038 ***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.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0957277**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Secretary

1/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: **WONG, SIU K** Delete
STREET ADDRESS: **1255 SW 101 TERRACE #10-307**
CITY-ST-ZIP: **PEMBROKE PINES FL 33025**

TITLE: **President** Change Addition
NAME: **Wong, Siu K**
STREET ADDRESS: **8397 Pines Blvd**
CITY-ST-ZIP: **Pembroke Pines FL 33024**

TITLE: SD
NAME: **YEUNG, MUI C** Delete
STREET ADDRESS: **1255 SW 101 TERRACE #10-307**
CITY-ST-ZIP: **PEMBROKE PINES FL 33025**

TITLE: **Secretary** Change Addition
NAME: **Yeung, Mui C**
STREET ADDRESS: **8397 Pines Blvd**
CITY-ST-ZIP: **Pembroke Pines FL 33024**

TITLE: VD
NAME: **YEUNG, CHI W** Delete
STREET ADDRESS: **17170 NE 1 AVENUE**
CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33162**

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

TITLE: TD
NAME: **YEUNG, CHI W** Delete
STREET ADDRESS: **17170 NE 1 AVENUE**
CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33162**

TITLE: **Treasurer Director** Change Addition
NAME: **Yeung, Mui C**
STREET ADDRESS: **8397 Pines Blvd**
CITY-ST-ZIP: **Pembroke Pines, FL 33024**

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:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Secretary
Mui C. Yeung

1/15/03

954-441-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)