

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90003 016 ***150.00

DOCUMENT # S74013

1. Entity Name

ASIAN FOOD INC.

Principal Place of Business

ASIAN FOOD, INC.

5025 E. FLOWER AVENUE, SUITE #19

TAMPA FL 33617

US

Mailing Address

ASIAN FOOD, INC.

5025 E. FLOWER AVENUE, SUITE #19

TAMPA FL 33617

US

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

59-3079359

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

MAMMEN, KOSHY

6203 SOARING AVENUE

TAMPA FL 33617

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 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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAMMEN, KOSHY
6203 SOARING AVE
TEMPLE TERRACE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

KOSHY MAMMEN

7/5/2001 813 989-9892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0087450 AV

CR2E034 (5/01)

Attachment
DH# S74013
A0076736

7/5/2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref.: Document # S74013
FEI # 59-3079359

Dear Sir,

I am writing you today in regards to a notice that I received for corporation fees plus a \$400.00 late fee. I contacted your office today and discovered that there was an initial notice sent, however I have yet to receive it. As per the instructions given to me this morning on the phone with your office I am writing you to request that you wave this late fee of \$400.00. Also, I believe your records will indicate that I have never been late in the payment of any fees to you office. I would greatly appreciate your cooperation in this matter.

Enclosed is a check of \$150.00 for my annual corporation fee for year 2001.

Sincerley



Koshy Mammen
Asian Foods Inc.
5025 E. Fowler Ave.
Tampa FL 33617
813-989-9892