2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFOR	M BUSIN	IESS REPO	RT	(UBR))		Esh 1	FIL		0 am	
DOCUMENT # L94789							Feb 14, 2002 8:00 am Secretary of State					
JAY FOOD STORES INC.										54 020 ***150		
Principal Pla	ce of Business		Mailing Address		<u>. </u>							
2540 E MAIN ST LAKELAND FL 33801			2540 E MAIN ST LAKELAND FL 33801									
2. Principal f	Place of Business	3. Mailing Address				1111	I\$1016 818 10111 01611		IBIE BIBUI BEBUI BIBUI A			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	. FEI Nur	^{mber} 59-302	1618	N	pplied For ot Applicable	
Zip	Country		Zip Count		itry —		5. Certificate of Status Desired \$8.75 Additional Fee Required					
* + '* + ' " '	6. Name and Add	Iress of Current Re	pistered Agent		Name	7.	Name a	nd Address of	New Registe	red Agent		
SHAH, JANAK 1117 HUNT AVE					Street Address (P.O. Box Number is Not Acceptable)							
LAKELAND FL 33801								V-17-11-8				
•					City			_ •-		FL Zip Cod	e	
8. The above	named entity submits	this statement for the	e purpose of changing its	registere	ed office or reg	gistered a	agent, or I	both, in the Stat	e of Florida.	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed or printed na		# 1 V - V - V V -									
9. This corpo	oration is eligible to sat		FILE NOW!		d Agent signature re	equired when	1			ATE .		
Tax filing	requirement and elects ria on back)		After May 1, 200 Make Check Payab	02 Fee	will be \$550.			Election Campa Trust Fund Cont		+	May Be to Fees	
11.		OFFICERS AND DIR	ECTORS	12.		Α	DDITION	IS/CHANGES T	O OFFICERS	AND DIRECTOR	S IN 11	
TITLE	VST		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	SHATI, ARUN			NAM	E Et address							
CITY-ST-ZIP	LAKELAND FL			4	-ST-ZIP							
TITLE	Р		☐ Delete	TITLE	:					☐ Change	☐ Addition	
NAME	SHAH, JANAK			NAME						_ •	_	
STREET ADDRESS CITY-ST-ZIP	1117 HUNT AVE LAKELAND FL				ET ADDRESS - ST-ZIP							
TITLE	D		Delete	- TITLE						☐ Change	☐ Addition	
NAME	SHAH, JANAK P			NAME						Ondings		
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TITLE			☐ Delete	TITLE						Change	Addition	
NAME				NAME								
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NAME				NAME						Gillange		
STREET ADDRESS CITY-ST-ZIP	li .			1	ST-ZIP							
TITLE			Delete	TITLE						☐ Change	Addition	
NAME				NAME	l l							
STREET ADDRESS CITY-ST-ZIP	l				T ADDRESS							
	partify that the informati	ion supplied with this	filing does not qualify for		ST-ZIP	in Cantia	110.07	9)(i) El	utas I.E. cc			
indicated of the cor	on this report or suppli poration or the receive	emental report is true r or trustee empower	e and accurate and that med to execute this report a all other like empowered.	ıv signatı	ure shall have.	the same	legal eff	ect as if made i.	nder oath: the	at Lam an officer	or director	

SIGNATURE: