

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009043

1. Entity Name

~~Suhad Foods Inc.~~
Suhad Food MART, INC.



FILED

03 APR 15 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100016063821
04/15/03--01029--005 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1103 N 13 St

3. Mailing Address

1103 N 13 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

FT. Pierce FL

Zip

34950

Country

U.S.A.

Zip

34950

Country

4. FEI Number

65-0993979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rudaina Ibrahim

Street Address (P.O. Box Number is Not Acceptable)

708 GRANDVIEW BLVD

City **FT. Pierce**

FL

Zip Code

34982

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **Rudaina Ibrahim**
STREET ADDRESS **708 GRANDVIEW BLVD**
CITY-ST-ZIP **FT. Pierce FL 34982**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rudaina Ibrahim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

(772) 465-8185

Daytime Phone #

CR2E034B (12/02)