

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90299 041 ***150.00

DOCUMENT # P00000065549

1. Entity Name
66 FOOD MART, INC.

Principal Place of Business 901 N. HERCULES AVE. STE D CLEARWATER FL 33765	Mailing Address 901 N. HERCULES AVE. STE D CLEARWATER FL 33765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Convenient Food Mart	3. Mailing Address Asif Lalani
Suite, Apt. #, etc. 6200 66th Street N.	Suite, Apt. #, etc. 6200 66th Street N
City & State Pinellas Park, FL 33781	City & State Pinellas Pk., FL.33781
Zip 3 3781	Country Pinellas

4. FEI Number 59-3656853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE G ESQ
 901 N. HERCULES AVE. STE D
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name: **Asif Lalani**

Street Address (P.O. Box Number is Not Acceptable)
6200 66th Street N

City: **Pine; ;as Prak** FL Zip Code: **33781**

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: *Asif Lalani* DATE: **4/18/01**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Reg stored 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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAFIQ, AHMAD J 220 MAIN ST BEACON NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *A. Ahmad* 041801 727-546-8647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)