

AMENDED FORM

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027970

1. Entity Name

MAJIK FOOD STORE, INC.

Principal Place of Business

4981 VILMA LN

Mailing Address

4981 VILMA LN

W. PALM BEACH, FL 33417

W. PALM BEACH, FL 33417

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

65-0404171

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

IMAM, AKHTAR

10140 BOYNTON PLACE CIR.

BOYNTON BEACH, FL 33437

Name

IMAM, NASIM A.

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

10140 BOYNTON PLACE CIR.

BOYNTON BEACH

City

FL

Zip Code 33437

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 Nasim Imam

NASIM A. IMAM

Nasim Imam

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME IMAM, AKHTAR
STREET ADDRESS 10140 BOYNTON PLACE CIR.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
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CITY-ST-ZIP

TITLE PD
NAME IMAM, NASIM A.
STREET ADDRESS 10140 BOYNTON PLACE CIR.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE DVP
NAME KANIZ F. CHOWDHURY
STREET ADDRESS 9602 FOXTROT LN.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Nasim Imam

NASIM A. IMAM

Nasim Imam

9/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone