

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034695

1. Entity Name

PARK AVENUE DELI, INC.

Principal Place of Business

TREASURE COAST SQUARE
3298 NW FEDERAL HWY
JENSEN BEACH FL 34951

Mailing Address

810 SW SALERNO RD
3298 NW FEDERAL HWY
STUART FL 34997
US

2. Principal Place of Business

11211 S. MILITARY TR

Suite, Apt. #, etc.

5413

3. Mailing Address

11211 S. MILITARY TR

Suite, Apt. #, etc.

5413

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip
33436

Country
USA

Zip
33436

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0410070

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLET, PHILIP
810 SW SALERNO RD
STUART FL 34997

7. Name and Address of New Registered Agent

Name AKM MOMIN
Street Address (P.O. Box Number is Not Acceptable)
11211 S. MILITARY TRAIL #5413
City BOYNTON BEACH FL 33436

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

AKM A. D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE P
NAME WILLET, PHILLIP
STREET ADDRESS 810 SW SALERNO RD
CITY-ST-ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME AKM MOMIN
STREET ADDRESS 11211 S. MILITARY TRAIL #5413
CITY-ST-ZIP BOYNTON, BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

AKM A. D. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-20-00 561-731-5791