

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000066370**

1. Entity Name

FILED
00 JUN -2 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

108 N HWY 17 92 FOOD MART, INC.

2. Principal Place of Business

3. Mailing Address

108 N HWY 17 92 FOOD MART, INC.

108 N HWY 17 92,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3589187

Applied For

Not Applicable

Zip

32750

Country

S.M.C.

Zip

32750

Country

S.M.C.

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

SHAMIM ALI
790 EAST BAY DRIVE
LARGO, FL 33770 US

Name

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

City

FL

Zip Code

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

SHAMIM ALI (PRESIDENT)

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

(NOTE: Registered 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, 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 Delete
 NAME **PRESIDENT**
 STREET ADDRESS **SHAMIM ALI**
 CITY-ST-ZIP **790 EAST BAY DRIVE**
LARGO, FL-33770

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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6000003296555
-06/20/00--01024--019
*****150.00 ***150.00**

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/00

CR2E034 (9/99)