

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90001 007 ***150.00

DOCUMENT # P99000077810

1. Entity Name
SUPER FAST FOODS, INC.

Principal Place of Business
849 S. WYMORE RD., APT. 30C
ALTAMONTE SPRINGS FL 32714

Mailing Address
~~849 S. WYMORE RD., APT. 30C~~
~~ALTAMONTE SPRINGS FL 32714~~
1116 Celery Av.
Sanford, FL 32771

772344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1116 Celery Av.

3. Mailing Address
1116 Celery Av.

Suite, Apt. #, etc.
Sanford

Suite, Apt. #, etc.
Sanford

City & State
FL

City & State
FL

4. FEI Number **59-3597157**

Applied For
 Not Applicable

Zip **32771** Country

Zip **32771** Country **Seminole**

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

HOSSAIN, TOFAZZAL
~~849 S. WYMORE RD., APT. 30C~~
~~ALTAMONTE SPRINGS FL 32714~~
225 Debra Ct.
Altamont. spg. FL 32701

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOT) _____ (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!
After MAY 1, 2001
Fee IS \$150.00
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 SULTANA, NASIMA 849 S. WYMORE RD., APT. 30C ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOSSAIN, TOFAZZAL 849 S. WYMORE RD., APT. 30C ALTAMONTE SPRINGS FL 32714 <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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOFAZZAL HOSSAIN 50% share
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition NASMA SULTANA 50% share
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

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: *Hoossain* *President* *5/31/01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - R DIRECTOR Date Daytime Phone #

CR2E034 (10/00)