FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90190 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/!

DOCUMENT # P02000134090

1. Entity Name
SHAHAN FOODMAX INC.102.

55044687

Principal Place of Business	Mailing Address
2704 MICHIGAN AVE KISSIMMEE FL 34744	8322 Volusia Pl. Tampa, FL 33637

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-11?664 94 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOSSAIN, MOHAMMED
2704MICHIGAN AVE
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOSSAIN, MOHAMMED 2704 MICHIGAN AVE KISSIMMEE FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHARMIN NORANI 8322 VOLUSIA PL. TAMPA FL 33637 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 1
Doc# P02000134090
550446857

Employer Identification Number (EIN) Cover Sheet

Internal Revenue Service

Date: January 10, 2003

No. of pages (including this one): 1

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960 Phone: 1-866-816-2065

To	From: Tax Examiner	Team
MOHAMMAD HOSSAIN	1907435	803
FAX: 407-847-4733	Phone:	

ATTENTION

Name of Entity
SHANAN FOOD MAX INC 102

EIN 65-1166494 EIN # 65116649 4

Name of Entity

EIN

Name of Entity

EIN

☐ Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

Form 11234 (Rev. 4-2001) Catalog Number 21463E Publish no later than Department of the Treasury - Internal Revenue Service

FROM : FAX NO. : Dec. 17 2001 12:52PM P1