

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90006 046 \*\*\*550.00

DOCUMENT # F35443 (3)

1. Corporation Name

T.S.F. FOOD STORES, INC.

Principal Place of Business

18505 W DIXIE HWY  
MIAMI, FL 33180

Mailing Address

18505 W DIXIE HWY  
MIAMI, FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1337 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

25 U.S.A.

2a. Mailing Address

26 1337 WASHINGTON AVE.

Suite, Apt. #, etc.

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SOOD, SANJAY  
6216 S W 139TH COURT  
MIAMI FL 33183

3. Date Incorporated or Qualified

05/19/1981

4. FEI Number

59-2093562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75. Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

XX Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

VIKAS KAPUR

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

17323 S.W. 32 LANE

83

84 City

MIRAMAR

FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/99

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

P D ☐ DELETE

KHAN, MOHAMMEDDA.

7035 N W 186th ST

MIAMI FL

T ☒ DELETE

SOOD, SANJAY

6216 S W 139TH COURT

MIAMI FL

DVP ☐ DELETE

KAPUR, VIKAS

6216 S W 139TH CT

MIAMI FL

D ☐ DELETE

KAPOOR, JATINDER

6079 TOWN COLONY DR APT 1023

BOCA RATON FL

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

XX Change

☐ Addition

☐ Change

☐ Addition

XX Change

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XX Change

☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Vikas Kapur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIKAS KAPUR

7-15-99

Date

Telephone #

305-672-3480

CR2E034 (11/98)