

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR).**

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90374 021 ***150.00

DOCUMENT # **G13890**

1. Entity Name

Elias Deli And Produce Mkt., Inc.

DO NOT WRITE IN THIS SPACE

970480

2. Principal Place of Business

3200 34 ST. N

Suite, Apt. #, etc.

3. Mailing Address

3200 34 ST. N

Suite, Apt. #, etc.

City & State

ST. Petersburg FL

City & State

ST. Petersburg FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

23-1965483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMAL E. Ibrahim

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

3200 34 ST. N

City

ST. Petersburg

FL

Zip Code

33713

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.

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTD Jamal E. Ibrahim 210 90 AVE. NE ST. Petersburg FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LAURA Ibrahim 210 90 AVE. NE ST. Petersburg, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-10-02

Daytime Phone

(727) 506-6436

Attachment
#

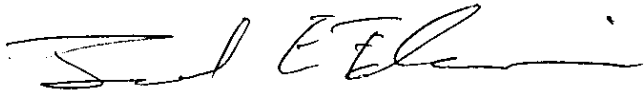
9-70480
#G13890

July 10, 2002

Dear Sir or Madam:

I never received my UBR renewal form this year. I called Tallahassee on 6/26/02 to ask about it. They said that they would mail it to me. I just received it so I am writing to ask if you could please waive the late fee due to the circumstances. Thank you.

Sincerely,



7-10-02

Jamal E. Ibrahim