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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H85283

1. Corporation Name

TRIPLE S FOOD STORE, INC.

Principal Plac	e or domess		Mailing Addres	13				i i								
1932 NE 163RD STREET NORTH MIAMI BEACH FL 33162			1932 NE 163RD STREET NORTH MIAMI BEACH FL 33162							1	тои ос	WRITE IN	N THIS	SPACI	E	
								3	Date tr	corporate						
								"		•						
			1 2- N-10- Ad						. FEI Nu	1/1985					TAB	plied For
2. Principa⊩P	lace of Business		2a. Mailing Address				"						Not Applicable			
21			26					59-2611650					\$8.75 Additional			
Suite, Ant.	#, etc.		Suite, Apt. #, etc.					5. Certifcate		ate of Stat	us Desire	d 🗆			. / Э А ee Re	
22			27							-						
City & State			City & State						6. Election Campaign Financing					\$5.00 May Be		
23									Trust Fund Contribution					Added to Fees		
Zip	Court	гу	Zip		Coun	try		8	. This co	rporation	owes the	current y	/ear inta			. –
24	25		29		30				Persor	al Proper	y Tax.			∐ Yes	5	[]No
	9. Name and Addr	ess of Current	Registered Agen	t				10	. Name	and Addi	ess of N	ew Regis	itered A	\gent		
					ļŧ	81	Name									
	iheimer, Peter				<u> </u>	82	Stroot A	Ac dropp /	D O Box	Mumbar	ie Not Acr	entable)				
14062 S.W. 80TH STREET				[ا 40	Street	Acuress (dress (P.O. Box Number is Not Acceptable)								
MiAI	MI FL 33183				la la	83					**					
	· · -															
					1	B4	City							85	Zip C	ode
			1 202 1500 51							- 4b:		the pure		abanai	na ite	ragistered
office cri	to the provisions of Seegistered agent, or born familiar with, and ac	h, in the State of	Florida Such cha	ınne was :	authorized I	bv t	ne corpo	oration's b	oard of	irectors.	hereby a	ccept the	appoin	tment	as reg	gistered
SIGNATURE																
SIGNATURE	Signature, typed or printed na	ne of registered agent	and title if applicable.	(NOT	:: Registered A	gent	signature re	eqt ired when					DATE	·		
12.		OFFICERS AND	DIRECTORS		13.				ADDITION	NS/CHA	VGES TO	OFFICE	RS AN			
TITLE	D			DELETE	1.1 TITL	E.								Ch	ange	Addition
NAME	MUMTAZ, FARRU	(S.			12 NAM	Æ										
STREET ADDRESS	1932 & 1934 NE	163RD ST.			13 STR	EET	ADDRESS									
CITY-ST-ZIP	N. MIAMI BEACH				1.4 CIT)	r-ST-	-ZIP	1								
TITLE	D	· - · · · · · ·		DELETE	2.1 TITL									☐ Ch	ange	Addition
	MUMTAZ, TIPU S.				2 2 NAN		ł	<u> </u>								
NAME	1000 0 1001 NF	CODD OT														
STREET ADDRESS					1		ADDRESS									
CITY-ST-ZIP	N. MIAMI BEACH	<u></u>			2 4 CIT		r-zip	<u> </u>						□ Ch		Addition
TITLE			Ц	DELETE	3,1 TITL	.E		ł							ange	☐ Addition
NAME					3.2 NAN	Æ										
STREET ADDRESS					3.3 STR	EET,	ADDRESS									
CITY-ST-ZIP					3.4 CIT	Y-ST	r-ZIP									
TITLE				DELETE	4.1 TIT	E.								□ Ch	ange	Addition
NAME					4. 2 NA	ME										
STREET ADDRESS					43 STR	FFT.	ADDRESS	1								
					4.4 CIT		- 1									
CITY-ST-ZIP				DELETE	5.1 TITL		- ZIP							□ Ch	ange -	Addition
TITLE			L_J	D_0_7_	5.1 THE											
NAME	-						ADDOCCO								-	
STREET ADDRESS							ADDRESS									
CITY-ST-ZIP					5.4 CIT		-ZIP	<u> </u>								
TITLE				DELETE	6.1 TITL									☐ Ch	ange	☐ Addition
MANIC	i .				6.2 NAA	Æ		1								

SIGNATURE:

STREET ADDRE 3S

CITY-ST-ZIP

FARROWH MUMBI

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 suppliemental annual report is true and accurate and that my signalture shall have the same legal effect as if made or derivative that I am an officer or director of the corporation or the receiver or trustee empowered to precode this report as recuired 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.