

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53009

1. Entity Name

FEN MOHAMMED STORES, LTD., INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 036 ***150.00

Principal Place of Business

Mailing Address

~~17623 N US HWY 301~~ **1550 N.W. 165TH ST.**
~~SUITE 101~~ **CITRA, FL**
~~CITRA FL 32113~~ **32113-2928**
~~US~~

2. Principal Place of Business

3. Mailing Address

1550 N.W. 165TH ST.
CITRA, FL
32113-2928

City & State **32113-2928** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2767253** Applied For ☐ Not Applicable

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

MAHARAJ, CHANDREKA KALLICHARAN
~~17623 N US HWY 301~~ **1550 N.W. 165TH ST.**
~~SUITE 101~~ **CITRA, FL 32113-2928**
CITRA FL 32113

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: _____ (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOHAMMED, FEN E. 17623 N US HWY 301, SUITE 101 CITRA FL 32113-2928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 N.W. 165TH STREET CITRA, FL 32113-2928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAHARAJ, CHANDREKA KALLICHARAN 17623 N US HWY 301, SUITE 101 CITRA FL 32113-2928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 N.W. 165TH STREET. CITRA, FL 32113-2928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Chandreka K. Maharaj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHANDREKA K. MAHARAJ, V.P. 3/30/00
Date Daytime Phone #

CR2E034 (9/99)